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## ORIGINAL ARTICLES.

### PREVENTIVE MEDICINE.\*

BY WILLIAM A. HOWE, M. D.  
OF PHELPS, N. Y.

THE proverbial "ounce of prevention is worth a pound of cure," has steadily risen from a trite old saying, into one of the most potential dicta of modern times. In medicine it underlies the great fundamental principle of self-preservation, which to-day we find manifesting itself, in so many departments of our science.

Though the idea of preventing disease, has pervaded our literature, almost from its conception, it has remained for the past two decades to place its practical application within the reach of man. Its scope is being rapidly and constantly extended, and there is no department of our art to-day, in which more revolutionary results may, with certainty be predicted for the future.

While thus far the indefatigable researches of the bacteriologists have been productive of the greatest advancements, theirs is not the only field in which we may hope for remarkable results.

In addition to these biological students, we are in the midst of an age of brilliant specialties, an age where many of our most gifted men are concentrating their entire mental energies along one special line of original research, the outcome of which is bound to be fruitful. Fruitful, not only of advanced ideas but of advanced methods, by which their ideas and those evolved by the bacteriologists, may be put to practical use. While their devotion to singleness of purpose must of necessity circumscribe their sphere of individual work, it constantly raises them to a higher degree of professional proficiency in their special lines than they could otherwise hope to attain. It is gradually placing them into closer and closer touch with the etiological factors of disease; and enabling them and us to better administer the ounce of prevention rather than the pound of cure.

As in the past, they have succeeded in discovering and isolating the cause of so many diseases, so will they continue to succeed in the future. For just so surely, as cause must precede effect, so will their ultimate solution of the cause of disease, enable us to largely prevent its occurrence.

Eventually, they will not only place in our hands better and more efficient means, with which to combat disease, but *knowledge* by which practically all of the contagious and infectious diseases may ultimately be either obliterated or controlled.

For just so surely as "knowledge is power" so

are these persistent toilers apt to evolve the great physician of the future, who will devote his talents more to the prevention than to the treatment of disease.

Should we wonder that such might be possible? Should we wonder that with all the rapidly accumulating knowledge at their disposal, these progressive students, should in time perfect a system, applicable to so many cases, as to justify a specialty in itself? Should we wonder, that in view of the present activity of original research, with its promising possibilities for the future, the great physician of the next generation should be one who successfully prevents disease rather than he who treats it?

Look where you may to-day, even a casual observer can but discern the ever increasing efficiency of preventive medicine.

Not only is the medical profession fully appreciating the great good which can be accomplished in this special field, but many states and municipalities are lending their financial and moral support to accomplish the same end. Numerous sanatoria are being erected, liberal appropriations are being freely voted, and the great tidal wave of preventive medicine, is annually rising higher and higher, and commanding greater and greater public support.

It is becoming more and more evident, not only to the medical profession, but to the vital statistician, that the best and most successful time to treat all contagious, and infectious diseases is *before* and *not after* they have attacked the individual. So universally is the principle of preventive medicine now accepted in our profession, that in the light of our present knowledge of the etiology and means of propagation of many of the contagious and infectious diseases, it would seem as if no physician could to-day rightfully excuse himself for allowing them to spread.

Are we to-day, as country physicians, keeping pace with this all important advancement? Are we, as general practitioners, availing ourselves of the many modern advantages at our disposal for preventing disease and its resulting complications? Are we as diligent as we ought to be in this direction, and are we giving to the subject in its many phases the careful consideration to which its recognized importance justly entitles it? If not, why not? Surely it can not be for lack of resourceful opportunities for inaugurating and executing prophylactic measures, as there is no field in our profession which offers greater opportunities for this work than are to be found in the life of the country doctor. While, as a class, we rejoice that there is no station in our vocation where a greater multiplicity of duties devolves upon the physician, or where the same are met more conscientiously and successfully, than by the country doctor, we ought at the same time to

\* Address read at the annual meeting of the Ontario County Medical Society by the retiring president, July 8, 1902.

admit that we should be rightfully expected to exert a maximum restraining influence over the propagation of disease. Favored as we are by our environments, how much more important does it become that we should avail ourselves of every means at our disposal to not only fortify our knowledge but to give to our dependent families every possible protection from impending danger.

Let us not content ourselves to ride along the old beaten road of *ease*, but let us be up and doing, that we may keep pace with the ever progressing ideas of our delightful profession.

Let us watch diligently, the researches of those men, who are destined, in time, to determine the cause of most, if not all, existing diseases, and when they have thus succeeded, let us further co-operate with them in their efforts to remove or treat the cause. For the cause once found, the battle is half won, while with the cause removed, the battle is surely ours. Let us therefore, study and practice medicine, not entirely from a medical point of view, but from a hygienic standpoint; thereby preventing many of the troubles to which man is heir. Let us devote more time and attention to searching out and removing the cause of disease, and less time to struggling with its ill effects. For certain it is, that no greater victory can ever crown the efforts of the medical profession, than to be able to conquer a disease while it is in the act of imparting its poisonous germs to others. We must all admit, that it is a far greater victory to be able to prevent disease than to assist nature to cure it after it has once arisen. How often do we see this forcibly demonstrated in smallpox exposures, where during the incubative stage, vaccination steps in and robs this loathsome disease of its victim? How often can the same be said of Behring's anti-toxine in its immunizing influence over otherwise doomed children?

How often do we now deprive rabies of its victim by Pasteur's method of vaccination? How often do we now check the ravages of that insidious slayer of mankind, tuberculosis? A disease which, though preventable, has already assumed the magnitude of a national calamity, by striking down nearly seventy per cent. of all who fall in death in our country.

In the face of such a startling fatality, we can but stand in amazement, that even greater and more efficient means for staying its progress are not in vogue. But, thanks to the persistent and aggressive efforts of our profession, the country is awakening to the impending danger, and promises in the near future to rise to meet the emergency. It would seem as if the time were not far distant when every State in our Union, would maintain institutions and other means for eradicating not only tuberculosis, in its many forms, but all of the preventable and controllable diseases which, from statistical data, produce at least 80 per cent. of all of the deaths occurring in the United States.

Therefore let us, the physicians of Ontario

County, enlist ourselves heart and soul in the great struggle before us. Let us not be found wanting, in doing our full duty, to assist the profession and the government to stamp out the many black spots on the sanitary map of this our beautiful country. Let us see to it that every family under our care is fully familiarized with all of the dangers incident to every contagious and infectious disease, and is taught the means by which they may escape their invasion.

Let *prevention* be our motto, not only to-day and to-morrow, but *always*, and such of us as prove the most faithful to its precepts, will reap the greatest reward.

#### REMINISCENCES OF NEARLY HALF A CENTURY IN MEDICINE AND SURGERY.\*

BY CHAS. K. BRIDDON, M.D.,  
OF NEW YORK.

I do not know who is responsible for the adage or observation that has been handed down from antiquity that the span of man's life is only three-score years and ten; but I strongly suspect that it emanated from someone who had reached that limit without accomplishing anything satisfactory, and, not wishing to depart without leaving some issue, scientific, literary, or in the other various activities, sought an extension to work out his personal ambition.

The ego is more or less a prominent feature in most of us, in some it is to serve others by life-long study into the causes of things that are inimical to the well-being of humanity, and in many this sacrifice is made with no other ulterior view; in others it may be only ambition, personal and pure; fame that he only grasps who outwits or outruns his fellow-man in pursuit of the object of his life. For the accomplishment of these ends the span of life referred to is short indeed, but inasmuch as we are all aided by what has been done before, and what is being done by co-workers, the results are not by any means barren.

Referring again to the time limit, I can speak from personal experience because I have been there, but before quite reaching it, I had sufficient personal interest and introspection to recognize the fact that all was not well. I could distinguish the mutterings of revolt in the mechanism in which I had a personal interest, and, like the "Good Physician," I determined to investigate, but I could not determine or differentiate as to whether the encephalic or abdominal brain was at fault. Some of you may remember that the function of the latter was given to the semilunar plexus; I did not consult anyone, because I did not confess my weakness, that was my infirmity.

At the period of which I am speaking, our illustrious colleague at Chicago, had not given to the world his studies bearing on the subject of parthenogenesis, in which he likens man to a mass of protoplasm, controlled by an electric

\*Abstract of Address made before the Society of the Alumni of the Presbyterian Hospital in the City of New York, 1902.



plant in which his stomach represents the dynamo, his nerves the connecting media, the telegraph wires for connection between the different parts of the body and the storage battery in his brain. Then his most wonderful of all, the fertilization of the sea-urchin without the consent or approval of the urchin's love. All this will, undoubtedly, bear upon the future, but my interests were in the past and present.

Going back to where I switched off to the things that I know not of, I came to the conclusion that there was a strike or protest on the part of some of the employees in my internal economy, and that I would circumvent those that were up in arms by closing the plant for repairs, and it might happen that, while I was waiting to resume, some good student peering into the hidden mysteries of life might discover the electrical energy, enzyme, or other agent that could liquefy the coagulating protoplasm, and send it again on its way of life and youth and endurance unto the end.

Excuse me if I have transgressed in treating a subject of such transcendent importance with unbecoming levity. Do not believe that I underestimate the unflagging zeal, the untiring and ceaseless energy that has revealed facts of such momentous importance. I would remind you that, though there are many workers in the field, it is often by their united labors that the greatest results are obtained; each giving his quota either to sustain or correct the observations of his fellow workers. There is ample room for all, and in the future, which is pregnant with so much, the probabilities are that in this great country the opportunities will be greater and that you will not be required to visit the mother country in search of the necessary training for the technic of laboratory work. Ponder over the advantages that may accrue to those of you who have the mental endowments necessary to pursue such investigations, and may you succeed in your earnest efforts to add to the store of facts in the elucidation of the unknown. Nature will not give up her secrets without a struggle, and in the contest you will often be disheartened by meeting with failure in some by-path into which you have been lured by false lights. You will often have to retrace your steps, and, maybe, have to do all over again; but with the proper unflinching spirit of the investigator, you will, I trust, come out of the contest crowned with the laurels of enduring fame.

And now, gentlemen, I will endeavor to redeem the promise made your President to give a few "Reminiscences of Nearly Half a Century in Medicine and Surgery," of the hard lines of a practitioner in either of those two departments in the earlier period of that time; and of the comparative ease with which he succeeds in achieving the same results to-day. This statement is intended to apply to the practitioner. The student of those days, of course, was not so well prepared; the "curriculum" was short; the didactic or scholastic lectures were not highly impressive,

and there was little or no laboratory instruction. So, when the young man had obtained his legal qualifications he was still ill-fitted to begin his career as a healer of the sick. In the eager competition for a position in one of the few city hospitals, many, of course, failed of success, not on account of any inherent lack of the necessary qualification, but because the vacancies were few and the applicants many. Often he had to select a place where he might hope to gain a foothold in the battle for life, and his lot was certainly not an enviable one without the necessary training under competent clinical instructors. His early career was saddened by catastrophies and disappointments sufficient to dampen the ardor of even the most resolute and sanguine. If the proper material was in him, his careful observation of the cases entrusted to his charge would in the end bring an experience more or equally enduring than that acquired by those of his more fortunate classmates, who had succeeded in getting positions where they could watch the processes of disease, without assuming the responsibilities associated with its treatment.

I regard the man who leaves the great centers of learning in our large cities, and who goes out into the backwoods to practise medicine and succeeds, as a hero. He rapidly learns to deal with emergencies; he becomes self-reliant and trustworthy. Of course, he has to contend with many things; he recognizes that his failures and his successes are the gossip of the community in which he lives. The tongue of malice which exists everywhere may assail him, and he may have to drink of many a cup, more bitter than those he prescribes for others, but if he has tact and judgment he will grow up with them socially as well as professionally. Their sorrows and their hours of gladness will be mingled with his own; his counsel will be sought in matters outside of his proper vocation, and, when the period of his labor closes, he will be solaced by the conviction that he has done his work well, and that he will live in the memories of those who survive him.

I know of no more fitting illustration of the good accomplished by such men than that given by Ian Maclaren in his "Bonnie Briar Bush" stories in his description, "A Doctor of the Old School." The village doctor, William MacLure, "who was chest doctor and doctor of every other organ as well; accoucheur and surgeon; he was oculist and aurist; dentist; chloroformist; besides being chemist and druggist;" and whose risks of life in a practice, covering more than thirty miles in the bogs and snowdrifts of Scotland, earned for him more love in the hearts of his countrymen than that attached to the Victoria Cross, won by other men in other fields. However, do not think that I am disposed to award all praise to the "village doctor," notwithstanding the high esteem I have for him, for in most of the walks of life there are good, bad, and indifferent. I have come in contact with types of all these grades.

Now, I must speak of the general practitioner

in a city of fifty years ago, and I can assure you that, if he was one of those fortunate ones who had gained any degree of popularity with the masses, his occupation was no sinecure. The rank and file of the profession were at no time sure of obtaining a night of unbroken sleep; I may safely say that for the first twelve years after I was fairly engaged in practice I rarely passed a night without being summoned to some bedside. I was surgeon to the male attending department of the New York Dispensary from 1857 to 1865, an institution that averaged about 40,000 medical and surgical cases a year. I had made arrangements with the district physicians to attend personally to all the surgical cases that would not or could not be sent to a hospital. I had my hands full; operations of all kinds had to be done in tenement houses of the poorest kind, many tracheotomies and herniotomies were done at night in rooms illumined with tallow candles, or in some more favored place with a kerosene lamp, with untrained assistants, and with few or no antiseptic precautions. There were other dangers; often the mutterings outside the locked door were significant of the possibilities of personal violence in the event of an unsuccessful issue of the case.

I have always regarded the period of my life during which I was on the staff of the New York Dispensary as the most active and trying of my professional career. Besides the duties appertaining to that office, I was engaged in active practice among the poor, and consulted in most of the emergencies in the lower wards of the city. It certainly was not lucrative, but the reward came, nevertheless, in the consciousness that I had done the work to the best of my ability.

Before I became associated with the Presbyterian Hospital anesthesia had divested surgery of its most disagreeable feature. Aseptic precautions were not then in existence, but antiseptic resources had rendered many things possible that would have been reprobated at an earlier period. With the advent of asepsis all things were made subservient to the will of the operator; the three great cavities that nature had enclosed with walls, heretofore regarded as impregnable, are now opened with impunity to the scrutinizing eye of the investigator, and now it would be difficult to find anything in the whole domain of surgery which the practitioners in that department cannot accomplish. Their triumphs have been nothing less than wonderful, and it is difficult to conceive that there remains much more to be done.

I scarcely like to speak of the past in connection with the Presbyterian Hospital; things are so changed from what they were a quarter of a century ago. Then we had no trained nurses, the examination of applicants for the House Staff were not of such a character as to ensure us the best of men; the staff of the attending physicians and surgeons was too numerous to work to the advantage of the patients; but time changed all these conditions, and now I think we may safely say that the institution ranks with any of its kind,

either in this or any other land. The high standard of teaching and the immense opportunities for observation have, naturally, attracted the best equipped men for positions on the House Staff, and this emulation to get there has gone on increasing, and is becoming a more pronounced feature every year. In fact I do not think a man who was not fit would have the courage to enter the list of those who offer themselves for such positions.

I must not forget to mention one other very potent factor in the success to which the institution has attained. I refer to "The Training School for Nurses." A few weeks ago in a conversation with Miss Anna Caroline Maxwell, one of our most distinguished women engaged in the training of her sex for nurses, allusion was made to remarks made to her in 1873 by one of Boston's most celebrated surgeons, in which he expressed the apprehension that the training of women would conflict with the career of men, and their education would make them dangerous competitors. I must confess that when the present organization, "The New York Training School for Nurses," came into existence, I myself looked upon it with some disfavor. It was my opinion at that time that women selected from the lower classes, feeling themselves elevated by being placed in such positions of trust, would do the best work. I had no idea that vacancies would be so eagerly sought for by the best intellect in the land, and that their scientific training would make them only subordinate to the physician himself. How much our own anxieties in private practice have been diminished by their faithfully performed duties in the sick chamber, only those can appreciate who were engaged in practice before the advent of the trained nurse. Then the physician was called to the sick at all unseasonable hours; now his collaborer quiets the anxieties of the patient and the still more annoying and vexatious ones of the patient's friends, and the attending physician has only to make his visits at seasonable hours, with the conviction that he will not be disturbed without good and sufficient reason.

To such arguments as those adduced by the Bostonian and myself, before either of us were convinced by the proofs that came after, I would reply that the field is sufficiently large to afford abundant opportunities for both men and women; and in the process of evolution that is going on over the whole crust of the earth the "trained nurse" might be properly regarded as a variety or subvariety of the genus medicus, and that it might be possible in eons of time, with proper surroundings and adaptation, that she should come to equal or surpass the physician. Even with such remote possibilities it would be our own fault, and only another proof of the "survival of the fittest."

In concluding this fragmentary address, I can not refrain from paying my tribute to one who has been removed from his sphere of usefulness in the Presbyterian Hospital by the hand of



death; I need scarcely say that I allude to our beloved and lamented friend, the Rev. Thomas G. Wall, D.D. Coming into frequent contact with him during all the years in which he filled his offices in this institution, first that of superintendent, and, subsequently, when it was considered that the duties of that office were too onerous, when the office of Chaplain was created for him. I found him ever the same kind and courteous gentleman, commanding the respect and admiration of all those who came in contact with him. Suffering for a long time before the end came from a malady associated with such agonizing paroxysms as would have confined most men to the sick chamber, he continued performing the various duties of his office unto the end, dying in the act of administering one of the rites of the church at the bedside of an inmate of the hospital. A more noble termination to a career devoted to the afflictions of others and culminating in a moral grandeur that could not be eclipsed by anything conceivable to the finite mind it would be difficult to imagine. He has passed from among us, but he will live in the memories of all those who knew and loved him, as an example for us all.

#### THE HYOSCINE TREATMENT OF A MORPHINE HABITUE.

BY RANDLE C. ROSENBERGER, M.D.,

OF PHILADELPHIA, PA.;

DEMONSTRATOR OF BACTERIOLOGY, JEFFERSON MEDICAL COLLEGE.

THE case under consideration was that of a male aged thirty-three years, married. Eleven years ago he complained of intestinal colic and was given a hypodermic injection of morphine for relief. The physician in attendance left extra tablets at the bedside in case the patient grew worse. These were confiscated by the patient, who later asked the physician "what was in those pills," and was told that they contained morphine.

From that time until seven months ago he continually took large quantities of this drug. Toward the latter part of this period his indulgence amounted to at least 30 grains daily. Sometimes as high as 60 grains were taken. About two years ago in trying to break him of the habit by reducing the dose, chloral hydrate and sodium bromide were given, as he complained of not sleeping well without his usual dose of morphine. These drugs he also came to use to excess.

His method of taking the morphine was to take 50 half-grain tablets, crush them in his hand, place them in his mouth, chew them and wash them down with the mixture of chloral and sodium bromide. This latter mixture contained six drams of chloral hydrate to three ounces of water. Half this quantity ( $1\frac{1}{2}$  ounces) would be his "wash-down" amount.

This he kept up for at least two years. The habit disgusted his relatives and this feeling on their part at times made him quite melancholy. He claimed that he had tried to do better, but

could not. He absolutely refused sanatorium treatment, or treatment of any kind. He often said that if he should ever be broken of the habit he would immediately go back to it. He had an unlimited supply of the drug. The writer furnished him with a regular amount monthly, but druggists whom he bribed supplied him to a far greater extent.

His occupation (grocer) necessitated his making change a good deal and at times he would quite forget what money was handed him and frequently would give change in excess of the proper amount. This forgetfulness together with a general laxity as regards care of the store and of himself made his wife very anxious about him. Sometimes he would be agreeable, at other times was ill-tempered and unreasonable. In addition to taking morphine and chloral he was an inveterate smoker and coffee drinker. Twenty cigars a day, three and sometimes four large cups of coffee at his meals, would be about his average indulgence.

He constantly complained of pains in the calves of his legs and in his back. He would say that there were two large areas over the kidneys which were "as cold as ice." His urine being examined, showed a specific gravity of 1.018; albumin abundant; hyaline and a few granular casts. Basham's mixture relieved his urinary symptoms to a certain extent. Impotence was complete for the last two or three years.

At one time he did without his usual daily dose and was seized with diarrhea and acute mania (?), butting his head against the wall and against the bed, cursing and having hallucinations of someone trying to get him and drag him to a sanatorium; he also threatened to shoot himself and his wife. This lasted for several days and gradually subsided upon resuming the drug.

When the patient first came under observation the writer gave hypodermic injections of hot water or strychnine or atropine, but before the visit was over found that it was necessary to give him morphine.

At last his wife, who had endured his conduct nobly and bravely for years, reproved him quite severely, and before retiring that night the patient said he took 100 half-grain tablets of the drug and a bottle full (three ounces) of the chloral and bromide mixture. This was taken with suicidal intent but failed to prove fatal. The following morning, December 31, 1901, being summoned hurriedly, the writer found that the patient was in an acute maniacal condition. His wife described his actions during the night as terrifying. He talked about selling the store, about somebody trying to rob him, seeing people in the room, people coming through the ceiling, some hiding in the closet, water dropping from the ceiling, and lastly grasping his wife by the wrist, said she was a burglar and threatened her life. He was at last partly quieted and remained in bed, but every now and then would suddenly jump up, tear off the covers and make remarks like those quoted above.

As I was about to go up stairs he appeared at

the top, and started down (with nothing but a quilt thrown over him), calling for his wife to come up as there were burglars there. By gentle persuasion he was finally induced to go to bed again, and at this juncture something had to be done and done quickly. To get him to a private hospital was almost impossible in the condition he was then in. A consultation was agreed upon and Prof. H. A. Hare was asked to see him. He came, saw the patient and advised home treatment, with a nurse, and suggested a line of treatment laid down by Dr. M. K. Lott of Cameron, Texas.\*

This consists of giving hyoscine hydrobromate (gr. 1.200 or 1.100) every 30 or 40 minutes to one hour hypodermically and keeping the patient constantly under its influence. If the heart or respiration fails, give strychnine (gr. 1.30 or 1.20) every three or four hours. Accordingly, a nurse was obtained and the treatment begun. *There was absolute and immediate withdrawal of all morphine.*

On account of the kidney complication a hot pack was ordered. He submitted quietly to the latter and then he was given at 4.50 P.M.  $\frac{1}{100}$  grain of hyoscine followed at 6, 7.30, 9.30 and 11 P.M. by  $\frac{1}{200}$  grain doses. After giving the first few doses he seemed quieter, but once or twice broke out in fits of violence, throwing off the covers, striking at the nurse and others who came near him. Low mutterings and restlessness marked the termination of the first day. At 6 P.M. he passed 22 ounces of urine. His pulse varied from 82 to 70 and respirations 16 to 18 per minute.

The second day he was given  $\frac{1}{200}$ -grain doses of hyoscine every two hours and  $\frac{1}{20}$ -grain doses of strychnine nitrate every four hours. His pulse varied from 84 to 62 and his respirations were never more than 12 and once as low as eight per minute.

At this stage of the treatment he became very obstreperous. He was hard to keep in bed, reached for imaginary things, muscular twitchings were seen over his whole body, his eyes looked strange and staring but improved when under the hyoscine. He made a request for morphine and was given one-fourth grain hypodermically but with no more effect than if it had been pure water. During the day he passed nine ounces of urine.

The third day was about the same as the second with the exception that his respirations did not fall below 11 per minute; pulse 56 to 80; bowels moved once and on one occasion he passed four ounces of urine and eleven hours afterward 50 ounces. Hyoscine was increased the last half of the day to  $\frac{1}{100}$  grain every two hours. There was less twitching and moving about and at six P.M. the patient wanted to fight and insisted on getting out of bed.

The fourth, fifth, sixth, seventh and part of the eighth day 1.100 grain of hyoscine was given every hour and strychnine nitrate (gr. 1.30) four

times during the day. During these days the patient was less restless, slept several hours at a time, and looked brighter. The skin became very hyperesthetic and if touched ever so lightly, severe muscular twitchings were produced. The respirations were from 12 to 18 per minute, pulse from 84 to 60. Bowels were evacuated twice during these five days. Urine on the fourth day 29 ounces, fifth day 22 ounces, sixth day 12 ounces, seventh day 14 ounces, eighth day 27 ounces. The hyoscine during the latter part of the eighth day was reduced to  $\frac{1}{100}$  grain every two hours. At this time a bright red rash was apparent upon the thighs, knees, legs, body and face.

During all this time his talk was unintelligible, partly on account of dryness of mouth and tongue. The latter organ felt as hard and dry as a splintered board.

On the ninth day he voided 37 ounces of urine, on the tenth day 40 ounces, on the eleventh day 58 ounces at one time and 26 ounces at another time, on the twelfth day 34 ounces (22 ounces at one time and 12 ounces on second urination), thirteenth day 43 ounces (36 ounces at one time and seven at the second urination), fourteenth day no urine voided at all and no bowel movement, fifteenth day 53 ounces at one time, ten ounces at another and seven ounces at third urination.

The patient was quiet, especially after each injection, and on the tenth day he begged for a hypodermic of morphine or pills of morphine. After a severe lecture he quieted down and *never asked for the drug again.* The pulse ranged between 62 and 84; respirations 18 to 22 per minute.

Patient now began to feel stronger and became able to help himself more. At times he still picked the bedclothes and was heard mumbling about money matters, or of someone stealing from him, and not until the eighth or ninth day was he able to identify anyone. If attempts were made to force him to drink he would spit the milk in the attendant's face without warning. The tongue still remained hard, though after several days moistening with glycerine it gradually became softer and more moist.

After the twelfth day the hyoscine (1.100 grain) was given every three hours and strychnine nitrate four times daily. The hyoscine was stopped entirely on the fifteenth day. Up to this time he had taken,  $1\frac{22}{33}$  grains of hyoscine in fourteen days. Strychnine in the form of the nitrate  $\frac{1}{30}$  grain four times daily was the only medicine given from now on.

The bowels had been evacuated once a day, sometimes once in two days. After the seventeenth day the bowels were evacuated two, three and four times daily. The stools were liquid in character and attended by some pain. As this became persistent, suppositories of bismuth subgallate (20 grains every three or four hours), were given with beneficial results.

Insomnia now bothered the patient. This was

\* Therapeutic Gazette, Feb. 15, 1902.



controlled by trional in doses of 20 grains in hot water. A dose of hyoscine ( $\frac{1}{100}$  grain) was also given in conjunction with trional.

On the eighteenth day he insisted that it was impossible for him to get along without morphine, so I compromised by giving him one-fifth grain *apomorphine* hypodermically with the satisfaction of seeing him much quieter and less obstreperous. No vomiting or even nausea was produced by this dose of *apomorphine*.

Trional was now given twice daily, with *apomorphine* one-tenth grain. On account of great restlessness and nervousness a mixture containing sodium bromide 20 grains was given three times daily.

From the eighteenth to the twenty-fifth day he gained strength daily, ate readily of pretty nearly everything, though in the first two weeks a liquid diet of milk and egg-nog was prescribed for him. Convalescence was rapid, and marred only by a slight diarrhea (seven to eight movements daily), which was readily controlled by the bismuth subgallate suppositories.

Eleven months have elapsed since this line of treatment was first instituted and the patient is now as healthy (except his kidney condition) as can be expected in one who has drugged himself with morphine for eleven years. When the treatment was first begun morphine tablet triturates were found in bottles in his trunk, tied up in stockings, in under-drawers and in the pockets of his night-dress. Powdered morphine was also found, as well as cubes of the drug one-half inch in thickness.

His wife at my suggestion daily makes careful search of the clothes which he wears, and those he changes, but in none of them up to the present time has she found one tablet of morphine or a suspicious substance of any kind. He swears that he will never touch it again.

The points of interest in the treatment of this case are: First, the total suppression of the drug, he not having (except the one-fourth grain given) a grain of morphine during the entire eleven months' time; second, the comparatively large doses of hyoscine given so regularly and persistently,  $\frac{1}{100}$  grain being given every hour for four and a half days at one period; third, the associated kidney lesion made it much harder to give a favorable prognosis.

From the favorable results the writer thinks in such cases it would be advisable to give the hyoscine treatment a trial. He wishes to express his thanks to the nurse, Miss Kirby, for the painstaking, earnest and efficient work which she rendered.

#### SOME PHASES OF INFANTILE FEEDING.\*

BY EDWARD T. ABRAMS, A.M., M.D.,  
OF Houghton, Michigan.

THERE is, perhaps, no branch of practical medicine of more real interest to the general practitioner than that of pediatrics. Indeed he may

be called the great pediatric specialist of to-day. And yet were we to analyze his knowledge more closely from the accurate pediatric standpoint, we should find, I am sure, that his claim to the aforementioned distinction would be slim indeed. There is, however, a general consensus of opinion among the laity that when a physician is "not much," as they express it, in surgery, gynecology, obstetrics or general medicine, he is always a real, good man for children.

But when we realize that one-tenth of all infants born die before the completion of the first month and one-third before the end of the third month we shall be aware of the fact that nearly one-half of the human family die in infancy. With such an enormous death rate we must surely appreciate the greatness of the responsibility resting upon the medical profession at large.

Innumerable as are the factors which enter into the causation of this very large mortality, none can be compared to faulty feeding. It is a fact worthy of notice and also of serious consideration by the profession that the majority of young mothers, many of whose education has been faultless so far as literature, music, and the demands of polite society are concerned, know absolutely nothing of maternity; and the young infant in a great many cases, is not even left to shift for itself, but in too many instances is being *shifted* by anxious, but ignorant, mothers, grandmothers, aunts, etc., from one form of diet to another until death ends the panorama. By infant feeding is meant the nourishment during the first year of infants who are deprived of the maternal breast. The subject of wet-nursing will not be considered further than to say that while in the great majority of cases it is not required, there are cases where it is indispensable.

Three forms of infant feeding are at present before our people from which they, with the advice of their physician or independently of him, make their choice.

1. Canned condensed milk.
2. Patent foods, with or without the addition of milk.
3. The use of only the elements of cow's milk with or without some form of sterilization. The milk may be modified by simply diluting it with water, or still more complex change may be made by varying the relative combination of fat, sugar and proteids.

This latter method, more or less accurately worked out, has been before the profession of this country since 1882. It was first brought to our attention by Meigs, following Biedert's work of nearly ten years previous. It was left to Prof. Rotch of Boston, however, to arouse the medical profession from its lethargy, and it is due to him more than to anyone else that the first general impulse to the study of the subject was given. Scientific feeding, however, was still beyond the great mass of physicians until Thompson Wescott, in 1897, formulated simpler methods of computation; and to-day percentage

\* Read at the Seventh Annual Meeting of the Upper Peninsula Medical Society, July, 1902.

feeding is and *ought to be* the only method of infant feeding as it is the only one based upon scientific procedure.

In considering the subject of infant feeding, however, we must keep in mind the fact that in this, as in all subjects, nature knows best. No prepared food, whether home-modified cow's milk or the more accurate and elaborate laboratory preparation can take the place, absolutely, of mother's milk, other things being equal. Neither should one jump to the conclusion that because the child does not thrive and grow that it is a sign—proof positive—that the mother's milk does not agree with the child. In this as in all other cases, eyes, ears and brain must be used to find the cause. In by far the greatest number of cases, however, we shall find that the fault is in the feeding, viz.: Method of feeding, quantity, etc., or in the character of the food itself. The mother may have a good quality of milk and yet the quantity may be insufficient. In such case I do not believe it to be a wise or good rule to stop nursing altogether and place the child upon simply artificial feeding, but would rather combine both methods. I do not deny that it may be possible, in some cases, when the child is in the hands of the physician from its birth, that as good results may be obtained by artificial feeding as by breast feeding, but the cases will be very limited in number indeed. We all, I am sure, feel much easier when the breast-fed infant becomes ill, than when it is the artificially-fed child.

An extended series of weighings covering a long period of time has proven that breast-fed infants not only exceed in weight those artificially fed, but that their chances of living is decidedly increased. Therefore no one would be justified in recommending weaning on any slight provocation or simply to satisfy the whim of some fastidious mother.

To be sure the breast milk must be of the proper composition. We are not to recommend it simply because it is breast milk. It is a very great mistake to abandon breast feeding at once, however, because the mother's milk is not agreeing or even because it is not of the exact composition; for to do so will many times only lead us from bad to worse. Therefore, one of the first things to settle in our minds is: Is the breast milk really at fault and cannot that fault be rectified? Infants many and many times thrive on breast milk which has a wide deviation from the true normal standpoint of composition. Therefore do not recommend weaning until you are satisfied that it is the only and the very best thing to do.

I said at the outset that nature's way is always the best, and if that be true, then when we are compelled to interfere, our plain duty is to imitate nature as closely as we can. Now we know that mother's milk contains about four per cent. of fat; and that cow's milk contains approximately four per cent. of fat; that mother's milk contains about seven per cent. of sugar, while

cow's milk only four and one-half per cent.; that mother's milk contains about one per cent. to one and one-half per cent. of proteids while cow's milk contains four and one-half per cent. Of course these percentages do not express *all* the differences there are between human and cow's milk, but the latter is the very best substitute for the former that is obtainable and therefore we must so change the proportion of these ingredients in cow's milk that they shall approximate, as nearly as may be, the composition of human milk. It will not do, however, to make up a standard mixture and treat all cases alike with it, but rather our effort must be to treat the individual child. We cannot, in any event, make an exact human milk. We cannot, as practical men, engage in scientific research, but we can surely put to use in a practical way, to the comfort and benefit of our patients, that which science has demonstrated to be practical. Of course we can dilute the cow's milk with water and we can get certain results; then again we add so much cream and we get results good or bad as the case may be, but we do not know just what we have done. Very good results, however, are often obtained in this haphazard way; yet I am sure that after faithfully trying the percentage method of infant feeding no one will be content to again go back to the rule-of-thumb method. One of the essentials of percentage feeding is that we obtain a milk and cream of some definite or approximately definite standard. Since it becomes more or less impossible for us to have definite analyses made I think it is approximately safe to assume that the average cream will be found not far from 20 per cent. fat; at any rate, not lower than 16 per cent.

One of the best end results obtained from percentage feeding is that when mastered the physician is able to think in percentages, construct his own formulae, reduce them to simple, definite terms, and know absolutely what the infant is taking.

It is so easy to follow the old, beaten paths that the fathers trod before they fell asleep, that many of us are ever ready and willing to take some "hand-me-down" formula from somebody or anybody, and give it to each and every infant with "stomach trouble" who may be unfortunate enough to "happen our way."

Any man who is unwilling to give his best thought—to study—to learn—and above all, to apply the most scientific methods of feeding as they have been worked out and given to the profession by the best pediatricists, had better turn his cases of this class over to some one who is not so lazy and who realizes that his duty and responsibility to his little patients is to give to them the best treatment that science and common sense dictate.

As regards the first and second methods enumerated at the opening of this paper, I will say: (1) That I have absolutely no regard or respect for the man with his little can of condensed milk and I really doubt if he has any for himself. (2)



As regards the thousand and one commercial foods that flood the market, I can only say that those most competent to judge have placed their veto upon them, and I am persuaded that the longer one lives and the larger his experience with infants, the less will he be inclined to use them. Of course, if I had an infant that was taking one of them and doing well upon it I do not think I should risk a change. But starting, I certainly should not use any of them. There are some cases—and they trouble us not a little—that will thrive on them when the ordinary percentage milk formula does not agree, but they are the exceptions. I knew a baby that it seemed impossible to feed by any rational method, yet it went through eight months on porridge but barley water, and was apparently one of the most robust youngsters I have ever seen. These cases are very rare indeed, as anyone who has paid attention to the subject very well knows. Nearly all of these foods consist of a large percentage of starch, which, in the majority of cases, is not transformed; and if they be mixed according to the directions usually given they contain no proteids. When mixed with milk I fail to see the advantage over the percentage method in simplicity and we certainly are ignorant as to exactly what we are giving. Infant feeding is nothing more or less than a problem of nutrition, and therefore the success or failure of any method must be judged by its ultimate results.

The prolonged use of condensed milk or any of the patent foods now on the market will sooner or later, if persisted in, show the lack of some essential element required by the growing infant, which is supplied by fresh milk and by fresh milk only. These manifestations come in the shape of rickets, scurvy, and general malnutrition, and in consequence of which there is developed an exceedingly feeble resistance to any of the acute disturbances of childhood, so much so that they easily prove fatal; or they lay the foundation for puniness and delicate health during the whole of childhood. We may lay it down as a fact that all the patent foods now on the market are useful in proportion as they are mixed with fresh cow's milk.

We must depend then largely upon milk and practically cow's milk for infant feeding. Other milk is indeed not only good, but very desirable; yet the supply is so limited that it is not within reach of the great masses. We are to-day in that period of infant feeding where an accurate modification of cow's milk is admissible. According to this method the proportion of the essential elements of milk, fat, sugar, proteids, etc., are varied *separately* according to the age and power of digestion of the child under observation. Given a healthy infant who for any reason must be weaned, we start with a milk formula resembling as near as may be that of breast milk, except that it must be lower in proteids, and this for the reason that the young infant has very great difficulty in digesting the casein of cow's milk.

It is by no means claimed that any modification

of cow's milk will or can make it identical, as I have said before, with breast milk; but what is claimed is that such modifications approximate breast milk more nearly than any other form of artificial feeding. It also has one advantage over breast feeding, *i.e.*, in that the different elements, fat, sugar or proteids may be easily altered separately in case either may disagree.

We can also state as a fact that if an infant is able to digest properly modified cow's milk, its future nutrition is on safe ground and that no other food of any kind or description will be necessary for its healthy development. This cannot be said of any food on the market.

The majority of cases that will demand our attention along this line, however, will be sick and not healthy infants, which again makes it all the more imperative that each case shall be studied and treated by itself. Therefore the knowledge of percentage feeding *per se* is good for but little if we do not know just what we wish to reach. We must know *why* in infant feeding just as truly as in any branch of therapeutics. We shall find it a good, safe rule to make the formulae very much weaker than normally called for, particularly is this true of the proteid, which is, as I have said before, the hardest element of the mixture to digest. A good percentage to start with, say in a very young infant three weeks or a month old, would be F. 2, P. 5-10 and S. 5. Of course keeping in mind the normal proportions of percentages of human milk we can readily see that this is not a diet that the child is going to thrive very much on. It is but a tentative one and if it agrees with the child, must soon be increased by easy grades to F. 3 or 3.5, P. .75 or 1 and S. 6, when we shall have a mixture that the child will take and thrive upon for months. Much has been written of late upon progressive feeding. The percentages of human milk do not change as the child grows older, and for myself I have never been able to be convinced that it was a good idea to keep changing the food, making it stronger and stronger as the child grew older. All the indications are met, I think, by increasing the quantity with the age of the child.

The only way that we can judge as to the strength of the food and its utility is by the weight of the child, which should be taken every week and in many cases twice a week.

But we will suppose now that the child does not gain in weight and is suffering more or less from some form of indigestion; what is to be our guide in the changes, if changes there are to be made in our formulae?

No exact rule can yet be formulated which will be a sure guide as regards the indications by which the fats, proteids and sugars are to be varied, yet experience has given us some general rules upon which we are led to depend:

1. "If the bowel movements are curdy we may take it as an indication of an excess of proteids."
2. "Sour vomiting indicates too much fat."
3. "Stools that are very watery yet without

curds may depend upon too much sugar or too much fat."

4. "Vomiting of hard curdy masses may indicate too much proteids."

5. "Should the child seem to do well on the mixture in every way except it does not gain weight, then the sugar may be too low."

6. "Vomiting may indicate that the child is getting too large a quantity of the food."

These rules are by no means absolute, yet we shall find in them sufficient truth that if rightly interpreted will surely guide us among the shoals of Infant Feeding.

We shall find that cutting down the quantity of food given during the hot days will help to lessen very materially the chances of summer troubles. Should they supervene, however, we will do well to cut off all milk and starve the little ones for a day or so. My own habit is to give them only albumin water, which is more to supply water and allay the fears of the anxious parents than anything else.

There is an objection to cow's milk as infant food on the ground of its bacterial content. The germs of diphtheria, scarlet fever, tuberculosis, etc., of course may be a source of great danger, though it is by no means a frequent one; and it is a danger that can be removed entirely, with the proper supervision. There are other germs, however, of no less importance—those that affect the keeping properties of the milk and to some extent no doubt its digestibility. Their presence is constant, varying from a few thousand to many millions, and depends entirely upon the care exercised in the handling of the milk and also upon the time which elapses between leaving the cow and being received by the child. Two methods may be mentioned to get rid of the bacteria in milk, (1) by heat; and (2) by exercising the most scrupulous cleanliness in handling the milk, and shortening the time to the least possible in getting it from the cow to the child.

The sterilization of milk I do not think necessary or desirable. At present I think we shall get better results by heating it to say 150° to 175° F. for 20 or 30 minutes than by using the higher temperatures.

In closing I wish to say that the following seem to be well established both by the experience of the practitioner and of laboratory research in many lands:

1. Breast milk is the best infant food.
2. That no artificial food can or should be trusted which does not contain the essentials of breast milk, viz.: fat, proteids and sugar.
3. That the elements named are to be found only in milk, and cow's milk being the only one available for general use.
4. That cow's milk must be modified because it does not contain the same proportions of the elements named.

This whole field of infant feeding is large and we cannot secure the best results without giving much time and study to it, but if we do so, it will return rich rewards for our efforts.

## APPENDICITIS.

BY LEWIS S. BLACKWELL, M.D.,  
OF PERTH ANDRY, N. Y.

IMPROVED methods of diagnosis and greater accuracy in examinations have elevated appendicitis to the rank of an entity. Toward this goal, the recognition of the need of a higher standard of medical attainment and an extension of time for teaching and study on the part of the leading colleges and universities have contributed their due influence.

The apparently increased frequency of appendicitis to-day is mainly due to the distinction recognized between this disease and cases of typhlitis and peritonitis disclosed by numerous post-mortems. In a large number of autopsies, where peritonitis was revealed as the result of perforation and effusion into the peritoneal cavity, in 91 per cent. of the cases it was shown to be due to the presence of appendicitis.

The gravity of this disease and the great mortality caused by it which is about 25 per cent. of all cases, demand the closest scrutiny at its inception, and the application of the highest therapeutic requirements on the part of the medical attendant. While Keen's aphorism, that "the first duty in the case of appendicitis is to call a surgeon," is certainly an indication of wisdom in the light of the possibility of a fatal issue within 48 hours, yet its tendency is to detract from the skill of the physician, and the conservatism of general medicine.

The grand results which have emanated from the introduction of aseptic and antiseptic medication, through the brilliant discoveries of Lister and Koch, have cast a halo of light upon American surgery and enrolled the names of Stimson, Bull and McBurney in the temple of fame. Along this same line of usefulness and distinction, the general practitioner is attacking the microbes in accordance with the accepted theory of modern medicine, and with an inspiration born of ambition is essaying to keep step with his coadjutors in a different branch of philanthropic service.

Aside from the typical symptoms of appendicitis, the diagnosis is materially aided by the fact that about 90 per cent. of all inflammatory affections in the right iliac region are due to catarrh of the appendix. The location of the pain and tenderness in a localized spot recognized as McBurney's point, and generally accepted as pathognomonic, constitutes the most salient factor in the diagnosis.

The symptomatology and therapeutics of the following case which came under my care in this city, chiefly represent the classical features of appendicitis in accord with the views of modern writers and teachers.

On June 5, 1902, I was called to visit John K., aged twenty-one years, a fitter of forms for a terra cotta company. I found him complaining of considerable pain and tenderness in the upper portion of the right iliac region, with a yellow fur on the tongue and a temperature of 102½° F.

The treatment pursued consisted in the admin-



istration of fractional doses of calomel (1-10 gr.) every hour until the bowels were moved;  $\frac{1}{4}$  gr. of morphia *pro. re nata* to hold the pain in abeyance, and applications of ice to the affected part. The pain responded much better to the cold than to the opiate, and at the end of 48 hours, had about subsided:

While considerable antipathy to the use of opium exists in consequence of its tendency to mask the symptoms, and the same objection, although to a less degree, obtains to its administration in large doses in the treatment of peritonitis, so strongly advocated by Dr. Alonzo Clark, and which has rendered his name illustrious in the annals of medicine, the utility of opium in cases of intestinal catarrh when the mucous membrane is involved, naturally suggests its efficacy in appendicitis in which both the mucous and serous surfaces are implicated.

The mercurial administered in this case for its laxative effect may possess an alterative and antiphlogistic action in accord with the views advanced four or five decades ago by that distinguished writer and teacher of the University of Pennsylvania, Dr. Geo. B. Wood.

The recognition of the fact that one half of the cases of appendicitis recover under medicinal treatment, should, in a measure, lead to careful deliberation tending to restrict within legitimate bounds the resort to operative procedure so much in vogue at the present day.

#### ALBARGIN OR GELATOSE SILVER IN THE TREATMENT OF GONORRHEA.

BY HERMANN G. KLOTZ, M.D.,  
OF NEW YORK.

It is hardly open to doubt or reasonable dispute, that the salts of silver exhibit the strongest and most reliable influence in destroying the gonococcus Neisser, which is now generally acknowledged to be the immediate cause of gonorrhea. Nitrate of silver, the oldest and original representative of silver salts applied to the treatment of gonorrhea, unfortunately is too irritating in solutions of a strength sufficient to destroy or materially affect the gonococci, to be used in the more acute stages of the disease, although Von Sehlen\* proved in 1894 that its solutions, attenuated according to the conditions of the mucous membrane, may be safely employed even during the early and acute period. The problem therefore became, according to Neisser,† "to find a preparation which, without an increase of inflammation and suppuration, would efficiently destroy the gonococci." For some time it has been the endeavor of chemists and manufacturers to produce a combination of silver which would fulfil these conditions. Argentamin, argonin, itrol, largin and protargol have been the principal products of these efforts and all have to a certain extent given satisfaction, but not without some drawbacks. Besides the nitrate of silver, which

after many trials, I still consider the most reliable of all the salts, I have personal experience only with argonin and protargol; both have been used with quite satisfactory results. Argonin appears to be the least irritating. Protargol has the advantage of being readily soluble even in cold water, and of furnishing a solution durable at least for some time. Argonin and protargol are combinations of silver, not like argentamin of the nitrate, and contain 4.7 per cent. resp., 8 per cent. of the metal. Protargol solutions remain unchanged; neither albumin, diluted chloride of sodium, diluted muriatic acid, nor soda hydrate form a precipitate; it is therefore more able to sustain a prolonged influence on the mucous membrane and Neisser has recommended keeping it in the urethra up to 30 minutes. The same author has claimed that this very chemical stability of protargol offers a greater possibility for unlimited penetration into the tissues than the other silver salts. Jadassohn, on the one side however, has claimed that the precipitation of silver by albumen and the chlorides not only is quite insignificant, but may actually increase the effectiveness of the remedy by spoiling the soil for the development of the cocci. On the other side the same author has pointed out, that in the albuminoid combinations, silver is "burdened with so large a molecule that its penetrating power must be greatly reduced by the same." There is as far as I know no positive experimental proof extant, that solutions of protargol really penetrate into the tissue or exhibit considerable power of dialyzing through animal membranes. Nevertheless we sometimes observe that certain remedies accomplish favorable results in practice which can not well be explained by chemical or physical laws, and that we can not always draw absolute conclusions for the practice from laboratory experiments. Nevertheless, the albuminoid combinations of silver have certainly been found quite useful and beneficial in the treatment of gonorrhea, but not to a degree unable to be improved upon. Therefore new preparations which are offered with the promise or prospect of even better results, deserve our consideration and a careful trial in practice.

Sometime in March, 1901, I received from the Farbwerke, vormals Meister Lucius and Bruning of Höchst-am-Main, samples of a new preparation of silver called Albargin and a reprint from the *Therapie der Gegenwart*, March, 1901, of a report by Dr. Bornemann, assistant to Dr. Max Joseph's Poliklinik in Berlin, on his experience with this new remedy during the last year, during which it was applied in 60 cases of gonorrhea in different stages.

According to the statements of its inventor, Dr. Liebrecht, albargin is a compound of the nitrate of silver with gelatose, a product of the dissociation of gelatine; it contains 15 per cent. of silver nitrate or with 63.5 per cent. silver for the nitrate, 9.52 per cent. of silver against 8.3 per cent. in protargol. Albargin forms a yellowish or light fawn-colored, rather gross powder of very light weight, is slightly sticky and dissolves

\* Monatshefte f. prakt. Dermatol. 1894. XVII, 224.  
† Dermatolog. Centralblatt, I. I.

easily in water of any temperature. A 10-per-cent. solution in distilled water is of a light brown color and kept in an opaque bottle remains clear and apparently unchanged for weeks, perhaps deepening somewhat in color. The solutions of albargin are thin liquids still slightly viscid, though much less than those of argonin and protargol, but sufficiently to lubricate an instrument enough for introduction in the urethra. Bornemann states that the reaction of the solutions is neutral and that special silver reagents, such as dilute hydrochloric acid, salt solution, soda lye, etc., show that the silver in albargin is "masked like in the albuminoids, but not in so stable a manner." A solution could be mixed with a solution of bichloride of mercury 1:10,000 without decomposition and remained permanent. He also reports on experiments made by Dr. Liebreich on the power of dialyzing through animal membranes, which seem to prove a considerable superiority over other silver salts. Bornemann states that albargin destroys the gonococci without irritation of the tissues wherever it can reach them. He does not mention, however, at which strength the destructive power against the cocci becomes manifest, nor does it appear that any methodical experiments have ever been made to test this gonococcicide power. Under these circumstances I intend to refer rather to my practical experience with albargin and to draw conclusions from that only. To practically test the effectiveness of a remedy on the gonococci and on the symptoms of gonorrhea, all methods which leave the execution of the therapeutical measures entirely or to a large degree in the hands of the patients themselves, are, in my opinion, more or less unreliable. The more the treatment is applied by the physician himself, the better will he be able to judge of the results. In the majority of cases therefore, in which I have used albargin, I have made the more important injections myself, following in principle a method originally recommended by Von Sehlen, which I have recently fully described (*Archiv f. Dermatologie*, Vol. LX, 3, p. 399). Under it I use the strongest possible silver solutions, which in my judgment the condition of the mucous membrane will warrant. These injections are not made oftener than once in 24 hours, while the patient himself in the intervals uses a mild astringent solution. This method allows of the application of much stronger solutions than could be used in the ordinary way by the patients themselves. At first I tried milder solutions, but soon found that I could safely use one-half to two-per-cent., and more recently five-per-cent. solutions of albargin without injury to the urethra. To test a new remedy it is further desirable that the cases be of recent infection and that the remedy be put to the test before any other treatment has been applied. Unfortunately I have not been able to try albargin under such circumstances on a case of primary infection with gonorrhea, which would afford the best chance for a thorough test of its value. But the opportunity of

seeing such patients at an early stage is a rare one. Since the middle of April, 1901, I began to employ albargin in the treatment of gonorrhea in private practice. I have used it extensively mostly under conditions under which up to that time I had usually applied protargol. A number of cases, particularly the majority of those of a more chronic character, were not suitable for the formation of certain conclusions in regard to its effectiveness; in most instances of this class it was only temporarily employed and without much influence on the course and termination of the disease. To report on my experience with the new remedy I shall refer to 26 cases only, not selected, but in which albargin was the principal and in most cases the only combination of silver applied. It is hardly necessary to state that invariably a careful microscopical examination of the secretion of the urethra for gonococci was made immediately before treatment was commenced, that in all cases typical forms of the gonococcus were demonstrated beyond doubt and that microscopical examinations were repeated as long as material for the same could be obtained. The majority of the cases (21) were apparently new infections with gonorrhea in patients who had been affected with the disease on previous occasions; most of them were well known to me, having been under my treatment before, so that I was reasonably, in most instances almost absolutely sure that I had to do with new infections, not simply with exacerbations of chronic or latent affections. Two of the cases I class as subacute and three as chronic.

From the 21 recent cases, 15 came under my observation, within 24 to 36 hours after any suspicious symptoms had been noticed by the patients, the remaining seven between three and fourteen days after the outbreak of the disease. In the former cases as a rule the discharge was not copious, the local symptoms of inflammation (swelling and redness of the lips of the meatus) were very slight or entirely absent; subjective symptoms were usually absolutely wanting or only a slight burning during micturition was mentioned. The second portion of the urine was perfectly clear and free from threads, etc., in every instance; the first voided portion was also clear in the majority, here and there with small filaments as the residue of former affections, only in a few cases it was somewhat cloudy. Out of the 15 patients, 11 were discharged as cured within eight days, and although no further treatment of any kind was employed after that, they all remained well for weeks afterward. Sometimes the discharge stopped immediately after the first injection of albargin, so that no further examination for cocci could be made, but the treatment was continued to accomplish a sure and permanent cure. It is very likely that the gonococci were completely destroyed or removed on the first or second day; that is more rapidly than my records will indicate. I therefore have not made the attempt to exactly locate the date of the final disappearance of the gono-



cocci, as Bornemann has done. One patient did not return after two injections of a two-per-cent. albargin solution made on two consecutive days, but as I had occasion to see him within two weeks, he being also under treatment for syphilis, I had opportunity to convince myself of the absence of all signs of gonorrhea. The average number of injections made for these 11 patients was actually four; one received two, two only three, five had four, and three had five injections each. They were distributed after the first day: 10 on the second, 10 on the third, one on the fourth, six on the fifth, two on the sixth, and three on the eighth day of the period of treatment. Usually before the last injection the patient had for 24 or 48 hours dropped the astringent solution, usually consisting of sulphate of zinc, acetate of lead and boric acid, and after the last albargin injection no further treatment was applied. In the four remaining cases, where the patients called immediately after the appearance of the discharge, the results were not so satisfactory, and it was necessary not only to extend the albargin injections for several weeks, but to resort to other methods of treatment before a cure could be effected. The acute symptoms, however, almost immediately subsided or did not develop greater virulence, but the discharge and the gonococci failed to disappear for good. In all the cases within a few weeks an urethroscopic examination could be made in order to ascertain the cause of the protracted discharge and in all alterations of the mucous membrane were found, undoubtedly the residue of former attacks: circumscribed patches of chronic inflammation, widened and congested lacunae Morgagni, beginning stricture, etc. After the restoration of normal conditions, the gonococci, which apparently had found a favorable soil on the diseased regions, would promptly disappear. One patient had suffered from severe gonorrheal rheumatism with his last attack, but although the gonococci showed considerable resistance, no symptoms of rheumatism developed. In none of the cases did extension of the inflammation to the posterior urethra occur, or other complications like epididymitis, bladder trouble, etc.

In the seven cases, in which the commencement of treatment had been delayed, although in several of them astringent injections and internal remedies had been used, a rapid diminution of the discharge and of the inflammatory symptoms, as well as a great reduction in the number of gonococci found in the specimens, was always accomplished, but a perfect cure was not so quickly obtained in but three cases. The first patient who consulted me four days after he had noticed the first signs of gonorrhea was free from discharge after the first injection of albargin, but on the fourth day a trace of discharge containing a few gonococci was obtained, the same on the seventh day. On the 10th day there was a slight discharge free from gonococci, on the 14th and 19th days neither discharge nor cocci could be detected, so that the patient was appar-

ently cured ten days after the albargin treatment had been inaugurated. In the second case a slight oozing from the urethra existed for six days; after the first injection it disappeared; six days later a specimen of mucous discharge was found free from gonococci, but on the 11th, after drinking beer, and on the 16th after coitus a few gonococci were found, but none on the next day after an injection. On the 24th day a trace of discharge gave negative results as to cocci. Four weeks later after a long trip on the bicycle, there suddenly appeared a discharge which, however, showed no gonococci. The third patient had previously been under my treatment for a chronic urethritis with stricture, which extended with some intermissions for over a year; at no time within this period had any gonococci been found. He had lately noticed a slight discharge which disappeared within four days under the application of some astringent injection. When it again showed itself five days later, distinct gonococci were found. The injections of albargin could not be made oftener than every four days, but in the intervals he used himself a two-tenths per cent. solution of the same drug. After four days no discharge was present, and after seven days a very slight cloudiness of the first portion of the urine was the only unfavorable symptom. In the sediment obtained by centrifugation no gonococci were found, but the treatment was continued for one week longer. The fourth patient came three days after the outbreak of the symptoms, but could not attend very regularly, still on the fourth and seventh day after the first injection, no discharge could be obtained for examination, but on the 11th day a few gonococci were found. In the fifth case, after the well-developed discharge had almost disappeared, which was present on the 12th day after its appearance, a stricture of the anterior urethra was found, which required a somewhat extended treatment. In none of these five cases did the posterior urethra become affected, nor did other complications arise, but the two remaining ones showed symptoms of posterior urethritis from the beginning; besides both had very narrow meatus and could not attend regularly, so that a cure was obtained only after longer treatment.

The two cases of subacute gonorrhea gave very satisfactory results. One patient had been treated elsewhere for his third gonorrhea during three months, when I found a slight discharge with large numbers of typical gonococci; second portion of urine clear, first cloudy; injections of one per cent. and two per cent. of albargin were followed by moderate burning. The patient continued an injection of permanganate of potassium, which he had previously used without any benefit and reported three days later that he had not seen any discharge for over 24 hours. On the sixth day, after 48 hours without any injection, a slight drop of mucous discharge was found, which consisted principally of epithelial cells without any cocci. On the 10th day after drinking beer and considerable exercise in row-

ing the trace of discharge found showed only epithelia and all treatment was stopped. The second patient had been treated for almost six weeks for gonorrhea, which had quickly extended to the posterior urethra. Then deep injections of two-per-cent. albargin were commenced and repeated every three days supplemented by injections of permanganate of potassium. Although after the ninth day no discharge could be obtained, the treatment was extended for some time.

Finally, I shall briefly mention three cases of chronic gonorrhea, in which, after more or less extended treatment, mostly local, by other methods, injections of one-per-cent. and two-per-cent. albargin solutions were resorted to in order to finally get rid of the obstinately persisting gonococci. Patient No. 1 had been under my care for almost a year; a moderate degree of hypospadias, a narrow meatus with several blind channels around the urethra opening and a stricture of the bulbous urethra had offered unusual difficulties. Finally after four deep injections with two-per-cent. albargin at intervals of from four to six days, the gonococci disappeared. The second patient after having been treated elsewhere for over a year with his first gonorrhea, still had copious discharge with numerous gonococci when he consulted me. The meatus was narrow and irregularly formed, so that it required several operations to obtain a satisfactory orifice. While the urethra was being kept open by the introduction of sounds, injections of two-per-cent. albargin were applied once a week without any other treatment. After the wound had finally healed, no discharge could be seen; the few filaments found in the perfectly clear urine contained a small number of pus cells but no cocci. A similar result was accomplished in the third case by the albargin injection. The gonococci disappeared in a comparatively short time; after, by various other methods of treatment, the mucous membrane had been reduced to normal conditions and the problem restricted simply to the extermination of the obstinate parasites.

Before drawing any conclusions from the facts presented here, it is but fair to state that previously to the employment of albargin, I had seen similar results under similar circumstances from applications of nitrate of silver, argonin and protargol; to prove the superiority of the one over the other by exact numbers and complicated statistics would hardly be possible, nor, even if reliably obtained, be very profitable. To a certain extent we will come under the influence of impressions in regard to the value of the different remedies which will guide us in giving preference to the one or the other under proper conditions.

To judge of the merits of albargin, it is necessary to consider how far it comes near the ideal standard set up by Neisser. In the absence of methodical laboratory experiments, it certainly seems justifiable by my experience to maintain that the urethra can be delivered

from gonococci, with which it had become infected, by solutions of albargin in a comparatively short time. Whether the cocci are destroyed or rendered inert, etc., I do not claim to know, but the fact remains that under favorable circumstances they cannot be found any longer in the secretions after a brief period. I have no doubt that, in some of the recent cases, the urethra was actually free from gonococci after the first injection with albargin; as I did not wish to risk a favorable result for the patient, by stopping the treatment too early for the sake of experiment, I repeated the injections. Such a decided disappearance of the symptoms I have hardly seen after the use of the other salts. In the cases referred to, the parasites had not had much time to penetrate into the deeper strata of the tissues, therefore it did not require a great penetrating power to reach them. However, the good results obtained in the subacute and chronic cases compare very favorably with those from other remedies and certainly suggest a sufficiently strong power of penetrating into the tissues, since at these later stages of the disease, you would expect the cocci located somewhat beneath the surface of the mucous membrane. Heretofore I have trusted more to the nitrate for reaching into the deeper strata in spite of the precipitations of albumin and chlorides.

In regard to the irritating influence of albargin on the mucous membrane, I can assure that an injection of one to two in a thousand, as recommended by Bornemann for the use of patients, does not cause either pain or increase of secretion, unless it is continued at frequent intervals for some time. For injections of stronger solutions, from one-half to one and two per cent. I am not willing to assume any responsibility unless made as recommended in my recent paper. In my hands they have never produced any symptoms which would have made them appear dangerous or disadvantageous. They usually cause a more or less intense burning sensation, sometimes even a severe one, but of short duration; as a rule the pain ceases before the patient leaves the office. These injections are usually followed by an increased, rather heavy discharge, partially formed by the remnants of the injected fluid, which diminishes after the first and usually disappears after the second micturition. The first injection of an astringent is sometimes quite painful, at least for a short period. However, in the morning all these symptoms have vanished and generally after the second and the following injections, pain and burning sensation are insignificant or entirely absent, and during the continuance of the treatment the patient, even if not so readily cured, is almost free from any disagreeable symptoms. "Chordee" is a condition which I hardly see unless some unavoidable complication arises. I therefore do not hesitate to state that albargin comes very near to Neisser's ideal of an anti-gonorrheal gonococcicide remedy. Whether it has any influence on nongonor-



rheal urethritis and on the pathological conditions of the mucous membrane which are the results and remnants of gonorrhea, I am not yet able to answer for want of sufficient experience. In addition I can say that albargin is clean to handle, does not stain the fingers at all and the clothes but very little, and that it is not expensive, not only on account of the actual price being lower, but also because it is generally prescribed in comparatively much smaller quantities. After all that has been stated, albargin deserves a trial from those who are particularly interested in the treatment of gonorrhea.

#### THE INFLUENCE OF ALCOHOLIC HEREDITY IN DISEASES OF CHILDREN.

BY T. D. CROTHERS, M.D.,

OF HARTFORD, CONN.

SUPERINTENDENT WALNUT LODGE HOSPITAL.

A. B. CAME under my care for treatment for periodic inebriety. He had used wine on the table at meals for 20 years; for 10 years past he had drunk in paroxysms. His wife also used wine on the table, and during pregnancy and lactation had used both beer and wine freely. He had two children, one a girl of eight years, the other a boy five years old, both invalids, who had been under constant medical care from infancy, the diagnosis being scrofula and general anemia.

Both these children were of pale and delicate appearance, extremely excitable and nervous. They had continuous irritation of the stomach, from an unrestricted diet of all kinds of foods and drinks, except wine and beer; were very passionate at the slightest opposition to their wishes, and after a period of rage would be greatly exhausted and have a distinct fever for a day or more. The girl had attacks of religious emotion, in which she manifested great melancholy and sorrow for her sins, and asked the prayers of all persons with whom she came in contact; at other times she was precociously bright, and irritable at any opposition to her wishes.

The family physician had no faith in heredity, and treated these various conditions as so many symptoms of threatened organic disorders which his skill and remedies prevented from going farther. Both had suffered from rubeola and scarlatina, and were supposed to have never fully recovered. Bronchitis, enteritis, gastritis, neuritis, and various heart diseases were constantly threatening, and as constantly averted. Finally, the death of this physician brought a new man upon the scene, who recognized the alcoholic heredity of these cases, and ordered them to the country where the diet was restricted, and enforced exercise outdoors, and frequent bathing when it could be carried out.

These children had marked nerve and brain instability, with low vitality, and neurotic tendencies very likely to develop into insanity, inebriety, or any other form of nerve and brain degeneration.

A physician wrote me that he had given tinc-

ture cinchona to a neurotic child of one year of age, for slight fever which resembled malaria. In a short time the child would cry for the medicine, and only would be satisfied for a little time after it was given, on one occasion it took a two-ounce mixture of this drug. He changed to other tonics, but found that nothing would satisfy the child but tinctures. The child was found to have had an alcoholic mother, who died soon after its birth, and the alcohol in the tinctures aroused some organic memory which had been inherited.

In private practice, some years ago, I treated a little boy for over five years, for the most confusing and varied disorders and diseases that it was possible to have; he recovered from one disorder only to be prostrated with another. None of them were well defined or clear, and great difference of opinion prevailed among the numerous medical men who were called in consultation. At puberty this boy became a pronounced dipsomaniac, suddenly, and without any special temptation. Years after he came under my care, was a chronic case. From a study of his history it was ascertained that his father was an inebriate, and died before the patient was born. Here was an alcoholic heredity, which had escaped notice, and where the alcoholic neurotic symptoms were not understood.

I think that we may confidently expect that in the practice of medicine in the future such cases will be treated and the alcoholic or insane predisposition will be changed and suppressed. I have seen children, from infancy up to puberty, upon whom alcohol in any form and in small quantities acted as a hypnotic; in some cases no other medicine could be tolerated, in such cases alcoholic heredity was present, in others it was not clear.

In the study of the early history of inebriates, a great variety of diseases common to childhood appear, and seem to have been more intense than in other children. Such cases apparently suffer more severely than others from nutrient disorders, shocks, and traumatism; they are freighted with some heredity or predisposition to particular forms of degeneration; the organism has received a certain bias, from which it cannot escape. Alcohol, of all other drugs, seems most potent to impress cell growth and function.

No fact is more firmly established than that alcoholic ancestors will transmit to their descendants a defective brain and nerve power. The form and shape of this defect and its manifestations will vary widely. In many cases it may not be prominent until after the higher peripheral brain has reached a certain development, especially in the growth of the emotional and inhibitory centers. In others this defect is seen in infancy, in hyperesthesia of the senses, and nutrient disturbances. Some children manifest irritation at all sounds, and changes of light and surroundings, by continuous crying; the skin or alimentary canal is also very sensitive, and various skin disorders and nutrient troubles follow. Low powers of vitality with slow, irregular growth are common. This may continue for

years, then gradually disappear, and reappear at puberty, or later, in some distinct form of degeneration. Sometimes a marked neurasthenia and anemia appear in early life and continue up to puberty, then break out into disease, or develop into some obscure malady.

Another class of children are noted who come from alcoholic ancestors. By their precocious development of brain and nerve force, they exhibit powers of brain receptivity and instability that are called genius, but which early give way to some disease or form of nerve degeneration from unknown causes. Inebriety, insanity, or both, are very common sequels. Alcohol or opium in almost any form is always a grateful remedy, and is demanded in many instances by the patient. The use of bitters that contain large quantities of spirits is also very popular, and an unconscious organic memory is awakened, rarely dying out.

In some children this craving for spirits is manifest very early. A case of this kind was brought to my notice by Dr. Smith of New York, where a two-months'-old infant could only be quieted by a few drops of spirits. Its taste was so pronounced that it would stop nursing at the sight of the person who gave it spirits and cry until it was gratified. Fortunately such instances are not common; but the abnormal tastes of children, and their extreme sensitiveness or obtuseness to sensory impressions, and low powers of vitality and recuperation, are often clear symptoms of an alcoholic impression from ancestors.

This alcoholic heredity will be seen in children who manifest extremes of activity, particularly where there is a tendency to the sudden liberation of nerve energies, as in violent passion (grief or joy) or in work, play, or study, which is followed by extreme prostration. The child is said to be sullen, morose, or melancholy, then suddenly manifest the other extremes, indicating a great instability of brain cells and functional control. Its life seems to be threatened with fevers, prostrations, and inanitions, accompanied with mental irritations and neuralgias that tax severely the skill of the physician. These conditions may follow other heredities, but they always point to a degree of nerve and brain degeneration or retarded development, and defective coordination, that must be recognized in the treatment.

In all cases where alcoholic ancestors, even back to the second generation, can be traced, there are certain predispositions which must be considered in the treatment:

First.—A tendency to exhaustion from feeble vitality, and low power of restoration. Tonics and nutriment that have a direct stimulant action on the brain should not be used, such as alcohol and opium and meat broths. These remedies have a tendency to still further exhaust the vital forces, paralyzing the nerve centers and increasing the carbonaceous matters of the system.

Second.—An instability of cell and nerve function exists with strong predisposition to develop

into some particular form of degeneration, which is practically an exhaustion of the higher brain centers with craving for relief. All stimulants and remedies which act on the brain centers increase the debility.

Third.—There is a special affinity for all nerve stimulants or narcotics by the higher brain centers. Their use constantly interferes with the natural development of brain energy from food. Thus alcohol, tea, coffee, and other substances have a peculiar delusive action.

From these facts it will be obvious that the diseases of alcoholic parentage are far more complex, and require greater care. In addition to whatever disease they suffer from there is always neurasthenia and defective control of the brain centers, which may come into prominence at any moment, from causes both known and unknown. This hereditary bias and neurotic instability enters into all cases.

The general principles which should govern in the treatment may be grouped as follows:

1. No form of alcohol is safe, and narcotics of all kinds should be used with great care.

2. The diet should not include meats of any kind, because of their stimulating character; while meats contain much food force, they act as stimulants to a brain unstable and exhausted, and increase the peril of nervous disease. The pathological tendency of all these cases is to become meat eaters and alcohol takers, hence the diet should be carried out with military regularity.

3. The hygienic treatment is also of the greatest importance; every means and measure which can build up the system, and avoid brain and nerve stimulation, is required.

4. Cases of this character should be guarded against every possible extreme, both in the surroundings and physical conditions that are under the control of the physician. The tendency of all energy and nerve force is to pass off in explosions, which should be counteracted; the diseases from which they suffer show this tendency to concentrate and become intensified in certain directions, also to manifest distinct exacerbations. Finally, the fact of an alcoholic heredity in diseases of children that we are called upon to treat, gives a wider therapeutical range of possibilities, both in direct and Preventive Medicine.

Recent studies of alcoholic cases show that over 70 per cent. are directly inherited. If this is confirmed by later studies, the treatment of inebriety will in the future begin in infancy, and the higher science and art of medicine will win its greatest triumphs along the line of prevention.

## THE EARLY DIAGNOSIS OF INTUSSUSCEPTION.

BY F. HUBER, M.D.,  
OF NEW YORK.

UNDER the caption of Medical Progress (MEDICAL NEWS, Sept. 13, 1902), in the résumé of an article entitled "Spontaneous Reduction of Acute Intussusception," the following appears;



"The diagnosis of this affection is always one of great difficulty because the condition occurs so frequently in children who cannot aid the physician by giving a good history. Even after the condition has been recognized, treatment is a question of extreme difficulty because the patient is usually so much reduced in strength."

The difficulties in diagnosis, particularly early diagnosis, even though the child cannot give a history, are not great, provided the possible occurrence of intussusception is kept in mind. An early diagnosis is moreover imperative, for a prompt recognition of the condition improves the chances of the little patient.

The onset of the trouble is usually sudden; in children with lowered vitality the progress may be insidious. Pains, colicky in character and recurring in paroxysms, repeated vomiting and bloody stools form a symptom complex sufficiently characteristic of the disorder. The presence of a tumor, particularly if "sausage-shaped," is conclusive. More or less prostration or collapse and change in facies of the patient are noted. The temperature at the outset is low or even subnormal; later on sepsis, gangrene or peritonitis give rise to more or less fever.

One or more of the symptoms associated with the disease may be absent or may not appear until late. Pain however is striking. It appears early, is sudden in its onset, of great intensity and attended with screaming-spells and other evidences of acute suffering. It is moreover paroxysmal in character with shorter or longer intervals of relief. In a case seen recently the infant, less than seven months old, would play and smile between the attacks, indeed the transition from the contented state to one of screaming and suffering was surprising. The characteristic colic is a diagnostic sign of the greatest importance, and as it is usually the first and earliest feature, its import ought to be remembered. The abdomen when exposed will as a rule be found to be relaxed and soft in the beginning.

Spasmodic contractions are evident. Now and then a swelling can be made out, particularly in the right iliac fossa, due to the greater prominence of the intussusception during the paroxysm, even at an early date. To quote from an English article: "In every case of acute colic in infants, therefore, the question of intussusception should be considered, and the examination directed to its possible discovery. A recognition of its peculiar features leads to an earlier diagnosis and therefore early efficient treatment."

Soon vomiting sets in, distressing in character, followed shortly by passage of blood and mucus (without fecal matter) or a mass resembling currant jelly. In case our suspicions are aroused by "screaming spells," etc., an early digital examination per rectum may be followed by a bloody discharge hours before it would otherwise appear. In the early stage the blood is bright in color, later on it becomes darker, finally clots may be passed and the abnormal

stool becomes fetid in character or the odor is gangrenous.

In some cases even after a few hours a fulness may be felt in the right iliac fossa, for a large proportion of cases are of the iliocecal variety. The rectal tumor is as a rule a late symptom. In other instances nothing abnormal can be detected in the interval between the attacks, even though the abdomen be carefully palpated under narcosis—examined during the paroxysm, a prominence or tumor may be made out at the site of the lesion, due apparently to its erectile character.

To wait for the so-called "sausage-shaped tumor" or the mass in the rectum, is in many instances a loss of valuable time and simply jeopardizes the patient's chances of recovery. In several cases occurring during the past six months the diagnosis was made within a few hours after the onset by the characteristic pains, vomiting and change in facies with more or less general depression. In one case the bloody discharge did not appear until an irrigation was made, in another a digital examination of the rectum was followed by the appearance of blood.

Intussusception can no longer be regarded as a borderland condition, it is a surgical disease from its very onset. After the first few hours no time should be lost in attempting reduction by inflation with air or a resort to hydrostatic pressure. The case should be referred to a skilled surgeon, one thoroughly familiar with abdominal work and at the same time a rapid operator.

Within the past few months it has been my good fortune to be present at two operations. In the first instance the symptoms had lasted less than six hours, in the other 18 hours had elapsed. In both cases the operation including the removal of the appendix did not take more than 15 minutes. Both cases recovered.

To recapitulate, the pain or rather the "characteristic colic" is the earliest signal, then we notice more or less change in the facies of the child, vomiting sets in followed by the escape from the rectum of blood or bloody mucus. More or less collapse is observed. A swelling or rather fulness is noted in the right iliac fossa, particularly during the colicky attacks.

This symptom-complex is characteristic and if the possible occurrence of intussusception be kept in mind, an early diagnosis can be made without difficulty.

## MEDICAL PROGRESS.

### PHYSIOLOGY.

**Contributions to the Knowledge of Diuresis.**—In a series of interesting papers, W. FLEHNER, H. BERNFELD, W. RUSCHHAUPT, C. POTOTZKY, and W. ECKLENTZ (Pflüger's Archiv f. Physiol., Sept. 17, 1902) state the results of their experimental studies in the domain of medicinal diuresis. In testing its capacity to absorb water, they found that the cortex of a dog's kidney, kept in a 1.2 to 1.5 per cent. salt solution for half an hour, was able to absorb water, but when kept in

a 1.8 per cent. solution it lost water to the extent of 1 to 2 per cent. of its initial weight. In a more marked degree is the medullary portion of the kidney capable of absorbing water from even a more concentrated solution of sodium chloride, which circumstance points to the probability that during life under various circumstances a highly concentrated urine passes through the renal medulla. Two salts simultaneously administered have no influence upon each other. The absolute quantity of each eliminated by the kidneys is the same as if each were separately given to the animal. During the diuresis produced by a certain salt in an animal already abundantly fed with another salt, a greater absolute quantity of the latter will be eliminated. This apparent contradiction between the two latter results depends perhaps upon the peculiar exchange of water and salt between blood, tissues and lymph. The concentration in common salt of the urine in animals poor in salt is increased under the influence of diuresis. The administration of poisons that have a damaging effect upon the kidney, such as bichromate of potash, sodium cantharidatum, corrosive sublimate, aloin and phloridzin, causes an increase in the quantity of urine, and a rise in the salt concentration. In contrast to these poisons is the action of water, the diuresis caused by it has a markedly diminished saline concentration. The organism is therefore capable, in spite of powerful diuresis, of saving and holding back its sodium chloride. If the nerves of the left kidney be divided, the urinary secretion of the latter will be less, while the saline concentration will be greater than that of the normal kidney. These relations are reversed when the determination is made during the height of narcosis. In all operations on the capsule of the kidney it has been observed that the intracapsular renal tissue is always under a certain pressure; for wounds of the capsule result in prolapse of the kidney parenchyma. Decapsulation of the kidney results in an increased secretion of urine, of greater dilution than before. The secretion of the normal kidney is unchanged. Inasmuch as division of the renal nerves and decapsulation have opposite effects upon the secretion of urine, an experiment was undertaken to determine which of these effects is the stronger. Simultaneous secretion of the nerves and decapsulation resulted in a greater secretion of urine.

**Dyspnea and Asphyxia.**—The search for the normal stimulus of the respiratory center, has, according to F. MARÉ (Pflüger's Archiv, Sept. 17, 1902), led to two hypotheses, one of them holding that oxygen is the stimulus and the other, that carbon dioxide, is the normal excitant of this vital center. Both deficiency of oxygen and superfluity of carbonic acid have been recognized as causes of disturbances of the respiration. The majority of investigators, however, have recognized in carbon dioxide the normal stimulus of respiration, response to which stimulus depends upon the excitability of the respiratory center; this excitability is dependent upon the oxygen content of the blood. The asphyctic manifestations following total deprivation of oxygen have a typical course. In the respiration of an atmosphere of nitrogen, there is, during the first few minutes a deepening and slowing of the respiratory movements. This initial dyspnea is of short duration, for the respirations soon become very shallow and finally disappear altogether, there follows total apnea, the so-called asphyctic "preterminal respiratory pause." The curve of blood-pressure shows, parallel with the appearance of dyspnea, a steep and considerable rise, associated in the beginning with an unchanged, later with a diminished frequency of pulse. The above phenomena belonging to the "stage of ir-

ritation" are terminated by a severe chronic convulsion, of variable degree and duration, which sometimes, especially after repeated asphyxia, can be entirely wanting. Following the short "stage of irritation" there occurs the stage of general immobility; the convulsion suddenly ceases, the respiratory movements are suspended, the cardiac pulsation is slowed, and frequently ceases entirely for over a minute; the blood-pressure sinks nearly to zero. This is the real asphyctic condition. The complete cessation of respiration or the so-called "preterminal" apnea goes hand in hand with the total suspension of the heart-beat. Cardiac inhibition in asphyxia is the result of stimulation of the vagus center, and is regarded as a protective mechanism, as a purposeful reaction of the organism against the effects of asphyxia. The modus operandi of this protective mechanism has been variously explained, one theory holding that the economizing of the work of the heart permits it to withstand considerably longer the effects of asphyxia. An hypothesis has been advanced that the effects of asphyxia are to be attributed to epinephrin, which during oxygen starvation accumulates in the blood. The extract of the suprarenals is known to cause increased blood-pressure, retardation of pulse and diminution of depth of breathing. Normally the suprarenal secretion is rapidly oxidized in the blood; should however poverty of oxygen occur, this secretion is accumulated and causes the characteristic symptoms of asphyxia. The fear that carbon dioxide, when increased to a slight extent in the atmosphere, is a deadly poison, seems to be widely entertained and greatly exaggerated. Indeed the blood can tolerate large quantities of this gas, so much as 56 per cent., which may occur when an animal is made to breathe an atmosphere containing large quantities of carbon dioxide. The blood can as readily get rid of this superfluity as it can permit the latter to accumulate. Moreover a surplus of carbon dioxide can be tolerated for a much longer time than a dearth of oxygen. The carbon dioxide content of the air can be increased to eight to 10 per cent. without causing any marked difficulties. The toxic action of this gas is only noticeable after large doses, when it exerts a paralytic effect upon the heart. According to Benedicenti and Treves carbonic acid gas first stimulates the entire nervous system, later causes anesthesia and paralysis; the medulla oblongata is particularly susceptible to it, as is shown by the convulsions and the increase in the depth and frequency of respiration. It paralyzes the heart directly without the intervention of the nervous system. More weighty than that of a distinct metabolic product is the physiological significance of carbonic acid. In the arterial blood of a hibernating marmot Dubois found an increase of 76 per cent. in carbon dioxide, which in the course of the animal's awakening rapidly decreases. Now, this gas has just the property of decreasing the respiration and the circulation, of lowering the body temperature, and of producing anesthesia and sleep. Both natural sleep and hibernation are the result of carbon dioxide autonarcosis. If the quantity of this gas oversteps a certain limit, it causes acceleration of the respiration and the circulation and thereby cessation of sleep. It acts as an internal regulator of the animal heat so far as it influences the production of heat; externally it affects the loss of heat by acting upon the circulation and the peripheral vessels. As a product of muscular activity by which heat is produced, carbon dioxide tends to restrain this work, so that the muscle con-



tains in itself an automatic inhibiting mechanism whereby hyperthermia is prevented.

**The Behavior of Glycogen in Boiling Caustic Potash.**—That glycogen can be boiled for many hours in very strong caustic potash without being decomposed was the surprising result obtained by E. PFLÜGER (Pflüger's Archiv, Oct. 7, 1902). From this one would conclude that a weak solution of potassium hydroxide would have no effect on glycogen, but this conclusion is not warranted, since hitherto all attempts to bring about the decomposition of glycogen have succeeded through the use of solutions of caustic potash of the strength of from one to two per cent.

**The Glycogen Content of the Skeleton.**—All parts of the skeleton, according to M. HÄNDL (Pflüger's Archiv, Oct. 7, 1902), contain glycogen, which may be extracted by means of a solution of caustic potash. From this by the addition of alcohol, it is obtained in the form of a non-flocculent precipitate. There is but a small quantity of glycogen in the bones. Relatively large however is the amount of this substance contained in cartilage, which should be placed in the same rank with the liver and muscles as one of the organs used for the storage of glycogen.

**Contributions to General Muscle- and Nerve-Physiology.**—Very interesting are the results obtained in a long series of researches by E. OVERTON (Pflüger's Archiv, Oct. 7 and 9, 1902). He found that from the standpoint of osmosis, the muscle should be regarded as an aggregate system of semipermeable structures (the single muscle-fibers excluding the sarcolemma) surrounded by membranes having entirely different osmotic properties. The latter (sarcolemma and internal and external perimysium) oppose very little resistance to most crystalloid compounds, while the fibers themselves are wholly or nearly impermeable to the majority of inorganic and many organic compounds. Both muscle-fibers and their envelopes are on the other hand wholly or nearly impermeable to colloids and resemble in this as well as in other respects the cellulose wall of plant-cells. If a living muscle be removed from a salt solution of higher to one of lower osmotic pressure, the muscle-fibers will imbibe water; at the same time a portion of the solution contained between the fibers will be pressed out of the muscle. If the conditions be reversed the contrary results will follow. If a muscle contained in a .6 or .7 per cent. salt solution, with or without the addition of a toxic substance, dies, during and after the process of dissolution it gains markedly in weight, which implies that muscle-fibers, like all other cells, change their osmotic pressure during death, by virtue of which they are more easily permeable to sodium chloride and other rapidly diffusing salts than to the potassium phosphate contained in the fibers. When a muscle is allowed to die in a solution of cane- or milk-sugar that is isosmotic with .7 per cent. sodium chloride, the weight of the muscle diminishes inasmuch as the dying muscle-fibers are less permeable to these sugars than to potassium phosphate and other extractives of the muscle-fibers. The increase of weight of muscles contained in .7 per cent. salt solution to which a small quantity of acid or alkali is added, is related to the death of muscle and the change in permeability produced by the latter. Very weak acids and alkalis alter at the same time the capacity of the muscle to swell up. This increased swelling depends not upon any greater concentration of the muscle-constituents dissolved in water by splitting, but is rather a manifestation of the same process by virtue of which blood-fibrin greatly swells up in

weak acids. That the solutions of many weak organic acids occasion an increased imbibition of water in muscle, which is greater than in the presence of strong acids, would have been expected from reference to the phenomena of electrolytic dissociation, that is, muscle-fibers and other animal and plant cells in an uninjured condition are easily permeable to the non-ionized molecules of numerous organic acids, while only in an undamaged condition are they permeable to ionized molecules. If living muscles be transferred from .7 per cent. sodium chloride to 4 per cent. sodium chloride plus 3 per cent. methyl or ethyl alcohol, they imbibe almost as much water as if transferred to .4 per cent. sodium chloride without the addition of alcohol. This can only be explained by the hypothesis that living muscle-fibers are easily permeable with respect to dissolved alcohol-molecules. All other alcohols penetrate the muscle-fibers with ease. The author has, as the result of numerous investigations, arrived at the rule that all compounds which next to a marked solubility in water are also soluble in ethyl ether, in the higher alcohols, in olive oil and in similar organic solvents, penetrate with exceptional ease living muscle-fibers and other animal and plant cells. It is probable that muscle-fibers are easily permeable to over 60,000 of the 75,000 organic compounds already known. It is quite probable that a large proportion of these compounds that play an important rôle in the metabolism of plants and animals belongs to these bodies for which muscle-fibers and other cells are nearly or wholly impermeable. The more the constitution of these compounds is understood, the more one is able to produce derivatives that have the power to penetrate cells with ease, and it is not improbable that organisms avail themselves in part of a similar contrivance by which they are enabled to regulate the concentration of the nutrients contained within the protoplasm; this ability would be of the greatest significance from the standpoint of the dynamo-chemistry of the cells, since most of the chemical processes in living cells belong undoubtedly to the reverse, so that the concentration for the time being of the reacting compounds sets the bounds to the anabolism and catabolism of the protoplasm. If muscles be placed in solutions of cane-sugar or other non-electrolytes isosmotic with the blood, to which muscle-fibers are wholly or nearly impermeable, after a certain time they will lose the power to contract and conduct impulses. This loss of excitability is caused by the exosmosis of the sodium chloride from the solution by which the muscle-fibers are surrounded. On the contrary nerve-trunks kept for some time in pure sugar solutions do not lose their excitability. The excitability of muscles kept for a long time in sugar solution gradually returns after the addition of a small quantity of sodium chloride. The inexcitable condition is not caused by any increased electrical resistance produced by the loss of sodium chloride, for the muscles are equally as irresponsive to mechanical stimuli. Sodium chloride can be replaced by all other non-toxic sodium salts, as long as the concentration of the latter is equivalent to that of a .07 per cent. sodium chloride solution. Sodium salts can be replaced by those of lithium but not by those of potassium, rubidium, cesium, ammonium, magnesium, calcium, strontium or barium. The rôle played by the sodium or lithium ions in the propagation of the stimulus and the contraction of the muscle has not yet been determined; possibly during these processes there occurs a certain exchange between the potassium ions of the muscle fibers and the sodium ions of the surrounding fluids, still such an hypothesis is attended with considerable difficulties.

## NEUROLOGY AND PSYCHIATRY.

**Treatment of Tic Douloureux.**—The radical treatment of this condition by division of the sensory root of the Gasserian ganglion has been performed but once in the human subject and as a year has since elapsed, a further report on the outcome of the case should prove of interest (Phil. Med. Jour., Oct. 25, 1902). The surgical aspect of the case is considered by C. H. FRAZIER, who operated on the patient in question, a man of sixty-eight, after four peripheral operations had been done without success. Examination one year later showed complete anesthesia over the area corresponding to the distribution of the trifacial nerve, there have been no corneal ulcers, there has been no recurrence of pain and the patient's mental state reveals marked improvement. The writer claims certain advantages for this operation in preference to that of complete extirpation of the Gasserian ganglion. The hemorrhage in the latter case is always very profuse and often fatal, especially on account of the liability of wounding the cavernous sinus which is in intimate relation with the internal aspect of the ganglion. In practising division of the sensory root, the manipulations are confined to the root itself and to the posterior aspect of the ganglion and in this way the cavernous sinus may be avoided. The exposure of the ganglion is by far less difficult than its extraction, and the danger of injury to adjacent structures is thereby avoided, more particularly the motor root of the ganglion, the sixth nerve, and the cavernous sinus. Another claim for the operation is a reduction in the rate of mortality, this being a prediction based on the advantages just noted and the lessened tissue traumatism and predisposition to infection. The operation was first suggested by W. G. Spiller who adds in the same paper some of his own observations. It is now accepted that only those nerve-fibers that are supplied with sheaths of Schwann possess the property of regeneration, which is common in peripheral nerves and absent in fibers from the central nervous system as these have no sheaths of Schwann. This probably accounts for the permanent relief from pain in this case. He thinks that the sensory root should be divided close to the pons so as to leave no part of the root containing sheaths of Schwann in connection with the pons, and that as much of the root should be resected as can be conveniently cut. The absence of all corneal changes in the case operated upon seems to indicate that the Gasserian ganglion may exert a trophic influence over the peripheral branches of the trigeminal, this fact may mean that leaving the ganglion *in situ* is another decided advantage.

**Rare Case of Multiple Sclerosis.**—While it is true that the location of the sclerotic areas in multiple sclerosis may give rise to a great diversity of symptoms in that disease, W. SINKLER (Phil. Med. Jour., Oct. 25, 1902) says that he has never seen or heard of a case of multiple sclerosis in which were present marked symptoms of locomotor ataxia. The case he reports is a man of 62, who presents symptoms of both diseases,—he has violent lightning pains, absence of knee-jerks, inability to stand with the eyes closed, loss of bladder control and loss of sexual power. There is, however, comparatively little incoordination of the hands, and but little in the feet, and there is no Argyll-Robertson phenomenon. There is a marked typical intention tremor of arms and legs when standing, but there is no nystagmus and no defect in speech.

**Relation of Alcohol to Insanity.**—The English people drink less per head than those of France, Denmark, Belgium, Holland or Germany. Nevertheless, in 1898, man, woman and child in Great Britain had each to pay nearly \$20 a year for alcoholic drinks. ROBERT

JONES (Lancet, Oct. 25, 1902) further reports that in the last 15 years the death rate from alcohol has increased 42 per cent. in men and 100 per cent. in women. This mortality is greater than that due to all the zymotic diseases put together, in such towns as Liverpool, Leeds, London and Manchester. Out of the 60,000 women and 50,000 men whose insanity formed the basis of the lunacy report of 1901, the proportion of instances in which alcohol has been the assigned cause of insanity has been, in the males, 21 per cent.; in the females, 9.5 per cent. In Scotland the proportion is much higher, and, after deducting for error, it is safe to say that at the present time there are no less than 10,000 males and 5,800 females, supported by the community and insane through their own inability to refuse alcohol. As is well known, the effects of alcohol depend on the dose and on the relation of the individual to the poison. Most of the forms of alcoholic insanity which drift into the asylums are of the chronic type as the acute form—which, indeed, as often kills—rarely lasts long enough to get beyond the emergency hospitals. Attempts have been made to differentiate between the effects of the various forms of alcohol but the distinction is less psychical than physical. "Gutta cavat lapidem non vi, sed saepe cadendo,"—it matters not much to the mind whether the drink be beer or ale, champagne, whisky or absinthe. The whisky and the gin liver, on the other hand, are as familiar as the gross fatty changes in the organs of beer drinkers. The modifying factors are as follows.—(1) The diathesis—this is present in 30 per cent. of cases; (2) women are less curable than men; (3) elimination plays a very important part; conditions of skin, of kidneys, lungs, etc.; (4) open air life favors tolerance of alcohol; (5) the period of greatest incidence to this form of insanity corresponds to that of maximum mental strain. From twenty to thirty years of age represents the intellectual struggle; from thirty to forty years, the financial—this is the period in which the indifferently built organisms most feel the need of and during which they most frequently succumb to stimulants. The condition of "paramnesia" or an inability to orient themselves is a characteristic symptom of chronic alcoholic insanity. There is a loss of the "focusing" power of the brain-irritability, garrulity and license surely develop; offenses against public decency are common. Sensori motor disturbances may become so grave as to be epileptiform in character and these may be followed by exhaustion, both mental and physical, giving coma and paresis. The treatment is to remove the cause, but this, unless most carefully done, is apt to be followed by pneumonia, which, failing to resolve, frequently terminates in tuberculosis and death. No drugs are beneficial; the remedy for the trouble lies in total abstinence enforced by Parliamentary acts.

**Myasthenia Gravis.**—According to C. S. MYERS (Jour. of Path. and Bact., Sept., 1902) there are three pathognomic signs of myasthenia gravis. They are: (1) Ready fatigue of certain or general voluntary movements either to a succession of tetanizing currents applied to the nerve or to volitional impulses descending from the brain; (2) the exacerbations and remissions shown in the course of the disease; and (3) the tendency to a fatal implication of the muscles enervated by the bulb. Other signs of a negative character must be added; (4) there is no reaction of degeneration; the muscles react to a faradic current of normal intensity or more often require one somewhat stronger; (5) the muscles as a rule show neither atrophy nor fibrillary contraction; (6) sensation and intelligence are unimpaired; (7) the reflexes may be normal, are often feeble, but perhaps most frequently are somewhat



exaggerated. Clonus is absent; (8) purely voluntary muscles are alone affected. The mechanisms of defecation and micturition are never impaired; (9) the myasthenia, although often unequally marked on the two sides, is almost invariably bilateral. It is of vital importance to distinguish the disease from hysteria and it must be remembered that none of the stigmata of hysteria has been found in the disease and disturbance of sensation are almost invariably absent. The difficulties of swallowing and breathing are such as arise from obvious weariness and not from spasm or lack of coordination. In hysteria the voice is never nasal but the vocal cords are inactive—a condition but seldom met with in the last stages of myasthenia gravis. In hysteria, external ophthalmoplegia and implication of the orbicularis oris and levator palpebral muscles are rare while they are among the most common affections in myasthenia. From chronic bulbar paralysis, the extraordinary remission and exacerbation of symptoms, the frequent implication of the higher nuclei and those enervating the trunk and limbs, the general absence of muscular atrophy, of fibrillary contractions and of degenerative electrical variations, are among the most prominent points of distinction. Other conditions from which the disease must be distinguished are progressive, muscular dystrophy, neuritis, Landry's paralysis, neurasthenia and chronic poliomyelitis. The myasthenic reaction is not however confined to myasthenia gravis; it has been found in the hemiplegia of cerebral carcinoma, in apoplectic paralysis and in cases of muscular hypertrophy, chronic poliomyelitis and Landry's paralysis, of 20 fatal cases, 13 were females and seven males. The mean age of male subjects is 35, of female, 24. As a rule, no neuropathic, hereditary influences could be obtained. Nearly all the patients were hard-working members of the lower and middle class, engaged in manual work. A history of syphilis or of alcoholic abuse was rare but overwork and exposure were common antecedents. The disease frequently begins with headache, chill, diarrhea and other alimentary disturbances and may suggest typhoid or influenza. The first occurrence of muscular weakness was often attended with cervical or sacral pain, occipital headache, photophobia or vertigo. The muscles earliest attacked were the levator palpebral superior and the muscles of mastication or deglutition, of 19 cases, death occurred in 11 between five months and two years after the first onset; in two within four months, in four, between two and three years, in one, 15 years and in another, 8½ years. It is probable that the cause of the disease is some latent toxin; whether or not it arises from interference with internal secretion, it is probable that in the end the nerve-endings are mainly affected. Before this stage has been reached, however, the nerve-cells of the motor nuclei may for some reason have lost control over the nutrition of the nerve-endings. In many cases, however, no lesion has been found post-mortem; in some a fragmentation and diffuse arrangement of the Nissl granules of the motor nuclei; in one or two rare cases the nerve-fibers have begun to degenerate and muscular atrophy may then conceivably have set in. The treatment of this obscure disease may be summed up in two words—complete rest. Many drugs have been tried in vain and only strychnine is of use in emergency. In view of the possible toxic nature of the disease it is well to attend to intestinal antiseptics and to avoid constipation.

**Impotence Due to Abuse of Tobacco.**—It is a well-known fact that the use and especially the abuse of tobacco is responsible for a great many disturbances, such as: Intermittent pulse, cardiac palpitations (of functional, not organic, origin), dyspepsia, gastralgia,

loss of appetite, angina pectoris, disturbances of vision, attacks of vertigo, loss of memory, impairment of sensibility and motility, etc. The tremor and cough in smokers cease at once on the suspension of smoking or snuffing. Even the very bones can not escape the baneful effects of the herb; it imparts to them a yellowish tint. It is also beyond doubt that the abuse of tobacco causes organic heart lesions. It has been proved by experiments upon animals as well as observations on man that the abuse of tobacco is liable to bring on impotence. The effect of tobacco on the system is that of a slow poison, the absorption taking place through the stomach and through the lungs. The intoxication is slow and gradual, but more rapid in those who swallow the smoke. The analysis of tobacco smoke has demonstrated the existence of alkaloids even more poisonous than nicotine, and acting directly on the medulla. It is also necessary to note the presence in the smoke of tobacco of hydrocyanic acid and carbonic oxide with their deleterious effects on the system. According to Georges Petit in acute intoxication from tobacco the testicles become congested and the semeniferous canals become the seat of active cellular proliferation with epithelial desquamation. In the chronic variety of poisoning the testicles atrophy and become discolored; JUGE DE SEGRAIS (*Arch. Generales de Med.*, iv., 1902) finds that intoxication of long duration converts the ovary of the female into a small kernel, hard and yellow in color. He also met similar fibrous degeneration in the testicles of the male. These anatomical lesions as found in chronic intoxications of animals correspond entirely with the symptoms met with in the human being and testify to the violent effect of the herb on the procreative organs. Thus it may be stated with certainty that the abuse of tobacco produces positive clinical "disturbances irrefutably" verified by anatomical findings.

**Spastic and Syphilitic Spinal Paralysis.**—Upon these rather common forms of nervous diseases, W. EMM, (*The Lancet*, Oct. 11, 1902) has an interesting paper, from which the following points on diagnosis are taken. The diagnosis of these two forms of disease is not very difficult in most cases, and may be confidently made when the typical picture has developed slowly and gradually, or also, perhaps, rather more acutely, as after the occurrence of injuries, excesses, over-exertions, or some other factors, and also when syphilis has been proved in the previous history. It is often possible to make a diagnosis when the history of this disease is at first wanting, as, for example, in married women, by examining and questioning the husband. It is distinguished from simple spastic paralysis by the presence of the disturbance of sensation and of bladder function; from transverse myelitis by the absence of marked paralytic phenomena with decubitus and cystitis; and from meningo-myelitis by the absence of meningitic and root symptoms, with their varying intensity and complicating paraplegia. Actual syphilitic myelitis, spinal gummata (which not uncommonly present themselves in the case of Brown-Sequard's paralysis), softening and hemorrhages caused by syphilitic diseases of vessels; these generally present clinical pictures of a different kind, even though they may be difficult to recognize individually. Other spinal affections, like multiple sclerosis, syringomyelia, amyotrophic lateral sclerosis and anterior chronic poliomyelitis, etc., will hardly ever cause any difficulty in the diagnosis. As regards the prognosis, he says that it is not altogether unsatisfactory, as though only very rarely does recovery occur and can be expected only in the earliest stages, a standstill and improvement, the power of gaining a livelihood, and considerable duration

of life may be expected. Many cases, however, succumb to exacerbation of the disease, paraplegia, marasmus, decubitus, etc.

**Blood-Letting in Severe Headache.**—According to the experience of H. MARAIS (La Sem. Méd., Oct. 1, 1902) blood-letting usually constitutes a good means of treatment of persistent severe headache, such as are frequently observed in middle life, and are rebellious to all ordinary forms of treatment. In this manner he cured a patient, forty years old, of severe continuous pains in the head, which had resisted all ordinary means of treatment previously employed. At the end of a copious blood-letting the patient remained free from all headache for two years. At the end of this time a recurrence of the headaches appeared. The treatment and its success were both repeated. In another patient there was an acute crisis of headache, with vomiting and high fever, in a thirty-three-year-old man. The headaches were exceedingly violent, and had persisted, notwithstanding the use of antipyrine and of other sedatives in large doses. He practised blood-letting on this patient, and on the following day most of the pain had disappeared, and five days thereafter the man was entirely well.

**Raynaud's Disease.**—The unusual association of Raynaud's disease with exophthalmic goiter is reported in a case by S. W. THOMPSON (Med. Rec., Oct. 11, 1902). A man twenty-nine years old, always of a very nervous disposition, had been suffering from Graves' disease for about nine years. He had noticed that his middle and ring fingers of left hand became cold and pale when exposed to the cold and sometimes he had slight pain. After a slight injury to the palm which healed up readily the pain became much greater and there was swelling and redness but no inflammation and this condition gradually spread involving other fingers and the hand. Finger nails were flattened and had ridges running across them and blebs filled with serum appeared on the ends of the fingers and at the bases of the nails. Electricity, static and galvanic, heat, nitroglycerine and massage were used without benefit. Ulceration occurred and the pain became so great that 24 grains of morphine daily failed to relieve the sufferer. Amputation was done above the elbow but the patient died in a few days.

## SURGERY.

**Actinic Rays in Minor Surgery.**—A set of lamps for utilizing the ultra-violet rays of the electric light has been devised by Minin of St. Petersburg, who has reported the treatment by this means of burns, hematomas, acute myositis, and who has utilized it further for the relief of the pains accompanying contusions, pleurisy, etc. Minin claims that the rays from his apparatus produce cutaneous anesthesia and thus make skin stitching and incisions painless. In a number of minor surgical cases reported by E. A. TRACY (Bost. Med. and Surg. Jour., Nov. 6, 1902) the Minin apparatus was used to produce either anesthesia or antiseptics by means of the actinic rays. For anesthesia the operator applied the rays from a No. 3 Minin lamp at a distance of 10 inches for 15 minutes. In one case two one-inch incisions were made for the removal of a cyst; the patient felt no pain. Similar cases are reported by Minin, who shows that after illumination with his lamp primary union occurs in wounds which otherwise would heal less kindly.

**Segmented Ring for Intestinal Anastomosis.**—A device which has been used with success in a number of cases of intestinal anastomosis is described by F. B. HARRINGTON (Bost. Med. and Surg. Jour., Nov.

7, 1902). It consists of a ring of aluminum made in four sections, jointed together firmly by a small bar of steel, with a shoulder and screw thread, which serves as a handle. The ring can be used for end-to-end anastomosis, for lateral anastomosis or for gastroenterostomy. Purse-string sutures are sewed into the two portions of the gut to be united. These sutures are then firmly tied in the groove of the ring. A Lembert suture may be used to approximate the peritoneal surfaces of the gut. The handle, which is six inches long and is an aid in manipulation, has been held by an assistant; it is carefully unscrewed and withdrawn, and if this is done carefully the purse-string ligatures hold the ring in shape and keep the segments from falling apart until the softening of the catgut or the sloughing of the included intestine allows this to happen. The segments of the largest ring used are small enough to pass through the small intestine of a child. The steel handle is so small that the opening through which it is withdrawn may be perfectly closed by a single Lembert stitch. Harrington claims that these rings combine advantages of the Murphy button and the Laplace forceps. They are quickly applied. The handle facilitates manipulation. The segments are small and can be quickly passed; they are light and do not cause pouching of the intestine. The lumen, which is at once established, is much larger than that of the buttons. A set of three rings with diameters of five-eighths, seven-eighths and 1½ inch gives all the sizes needed.

**Statistics of Bassini Operation.**—A series of 800 cases of hernia for which the Bassini operation had been done at the University Clinic in Berlin, have been made the subject of a report by G. GOLDNER (Archiv f. klin. Chir., Vol. 68, No. 1) with particular attention to the subject of recurrences. He limits the requirements of a favorable issue by demanding in these cases that the patient remain free from any recurrence not less than two years after the operation. Recurrences are considered as present when a hernia appears through the external inguinal ring, when there is a distinct gap in the scar in which a tumor is developed on coughing, or when a femoral hernia develops. Based on these points the percentage of recurrences was found to be 7½ per cent. The most common site was the lower angle of the wound, less frequent the interstitial form in the muscle or between muscle and Poupart's ligament. Least frequent was a true recurrence found when union by suture of the musculature to Poupart's ligament failed entirely and the formation of a new posterior wall to the canal did not result. The report gives further interesting details: 804 radical operations were done in 473 patients, of which 423 were males and 50 females. The greater number of patients were between the ages of twenty and thirty. Direct hernias were found in only 12 cases, in five double, and the combination of oblique and direct was found twice. In eight patients examined only one showed a recurrence and that a crural hernia. The prognosis therefore ought not to be so bad as generally believed. Cryptorchism was found as a complication in 27 cases, in six nothing was done; in 10 cases orchidopexy was undertaken with good results. In 772 cases of nonincarcerated hernia primary union was secured in 675 instances. In 80 cases there was a superficial infection; in 17 cases, deep. Most of these occurred in the early series, from catgut or drainage gauze, but did not seem to have any marked influence on recurrences.

**Paraffine Injections.**—So successful have been the results of the use of paraffine injected subcutaneously in relieving deformities that plastic surgery must necessarily give way to this method of treating many of the



minor defects of form and position. A. E. COMSTOCK (Med. Rec., Nov. 1, 1902) has made several experiments with paraffine to determine the melting point which will give the best results with the least amount of reaction. He employed a mixture of soft commercial paraffine with melting point of 120° F. and white cosmoline, melting at about 100° F. With these he made mixtures melting at various temperatures from 102° F. to 110° F. The experiments were carried on upon the rabbit whose normal temperature is about 102° F. A metallic syringe with large needle is used and the needle is inserted at one side of this area which it is desired to elevate and introduced till it reaches the other side of this area when the paraffine injection is begun and the needle gradually withdrawn. It was found that when the melting point of the paraffine was only slightly above the body temperature the mass frequently remained fluid and at times passed into the general circulation and caused death by embolism. Much better results were obtained when the melting point was six or eight degrees above the body temperature for the foreign mass then remained firm and the organization of it was much more rapid. Sections made of these masses showed that there is a proliferation of cells around them and an infiltration by the connective tissue cells which begins in about two weeks after the injection and continues for at least three or four months. At the end of that time the paraffine has been thoroughly incorporated, having a fine network of connective tissue running throughout it. A very slight local irritation follows the injection and from experiments it is believed that there is no danger of a toxic dose for from 10 to 15 pounds could probably safely be injected in a normal adult.

**X-ray Treatment of Cancer and Tuberculosis.**—Glowing reports are now being made from various sources in regard to the beneficial results of the X-ray treatment of malignant diseases and although there has not yet been sufficient time to make a thorough test of the permanency of the cure, yet it has already been demonstrated that this remedy is by far the most potent that we now possess in the treatment of these diseases. E. H. GRUNN (Med. Rec., Nov. 1, 1902) has watched the action of the X-rays upon a very large number of cases, being connected with a clinic where there are, on an average, over 70 patients treated daily. He does not coincide with the theories that the X-ray causes a direct transformation of cancer tissue into normal tissue or that the results are due to the bactericidal action of the rays. It seems more probable to him that an irritation is caused which attacks the leucocytes and determines a focal inflammation with secondary degeneration and separation of the diseased parts. A general and systematic action also seems to appear, probably due to a stimulation of the lymphatics, for the nutrition of the entire system is affected. Particular attention is called to the necessity of a thorough knowledge of the use of the X-ray, for each case demands individual and special modifications of the use of the apparatus. Burns are very rare when proper precautions are taken and when they so occur should seldom if ever cause permanent scarring if properly treated. He does not hesitate to say that the X-ray is the most remarkable therapeutic agent of the last decade. The relief of pain is one of the most prominent features and in itself is one of the most gratifying of the results so far as the patient's happiness is concerned. In epithelioma and lupus the most wonderful and apparently permanent changes occur but even in internal carcinoma the percentage of cures is greater than can be claimed by

any other manner of treatment. It is, by no means, advised, however, that in early operable cases that the X-rays should be relied upon in lieu of a radical extirpation.

**A Device for Infusion.**—One might say that the effort toward the production of specialized instruments will never cease, and that if a practitioner attempted to add them all to his armamentarium, he would practically be obliged to have a large room set aside for no other purpose than to hold instruments. The following ingenious, although perhaps unnecessary, device for infusing normal salt solutions is described by L. A. OLERA (C'blatt Gynec., Oct. 25, 1902). Why it should be necessary, in face of the fact that if we start with fluid 112° or 115° F., we know that we deliver it into the body from at 107° to 110° F., is not quite in evidence, but since the instrument is scientific, a brief description will be of interest. It consists of an inner and an outer rubber tube, each approximately three feet long. At the distal end of the inner tube is attached the needle, which is introduced either into the vein or beneath the skin, according as the infusion is an intravenous or hypodermatic process. Into the proximal end of this same tube is inserted a large glass funnel, which receives and delivers the infusion fluid. The upper end of the outer tube is tapped laterally by a branch leading to a large reservoir that contains heated fluid which, when the apparatus is working, passes through the outer tube, warms the contents of the inner tube to the proper temperature, and finally is delivered by an exit which taps the lower extremity of the outer tube and leads to a bucket beneath the bed. Ingenious and simple in one sense as this apparatus is, it is probably much more difficult to be sure of a uniform temperature of all the fluid infused than with the old method of starting with it several degrees hotter in the reservoir than is desired at the needle point.

**Ligation of the Ureter.**—Occlusion of a ureter by a ligature or clamp has been quite frequently seen during gynecological operations by V. A. SAMPSON (Am. Med., Nov. 1, 1902). Only a portion of these injuries are recognized during or after the operation. A ligature about the ureter, if removed at the end of the operation will probably not have injured the ureter, but an operation which interferes with the blood-supply of the ureter may give rise to a urinary fistula. Complete and permanent occlusion of the ureter in the absence of infection leads to renal atrophy and this occurs without much shock or constitutional disturbance. Ligation of the ureter is probably less likely to cause either a marked hydronephrosis or a pyonephrosis than a ureteroureteral anastomosis. Ligation of the ureter may be considered justifiable where ureteroureteral or ureterovesical anastomosis is impossible. Care should be taken to doubly ligate it with nonabsorbable material and, if possible, to place the ligated end in a skin incision, only a portion of the case of ligation or clamping can be recognized after operation as where (a) anuria follows, (b) a fistula develops, (c) definite symptoms arise, as pain along the ureter and in the kidney region, possibly associated with chills and fever, (d) a mass forms in the kidney region due to hydronephrosis. Ligation of the ureter may terminate fatally when renal insufficiency exists, or in case of profound shock. There may also be a leakage of urine, which, when the abdomen is closed, may cause death, especially when infection is present. Catheterization of the ureter preliminary to hysterectomy for carcinoma of the cervix is a great aid, but the catheter should be removed before closing the abdomen. The catheter allows the ureter to be palpated, it prevents interfering with the blood-supply and it protects it in various ways.

### MEDICINE.

**A Study of Empyema Based on Bacteriological Findings in the Exudate.**—While empyema is in a majority of cases the result of pneumonia, the character of the pneumonia is not to be judged according to the organism present in the exudate. The lanceolatus, if present, may reasonably be taken to indicate a previous pneumonia; but the streptococcus, if present may indicate a lobar, lobular or "grippal" pneumonia or a phthisis with a mixed infection. In general, the organism in the purulent exudate is as likely to be the contaminating as the original infection. A clinical study of 135 cases has been made by C. F. WITHERINGTON (Boston Med. and Surg. Jour., Nov. 6, 1902), who declares that when the streptococcus is present and is due to suppurative or pyemic conditions outside the chest, it is usually of a virulent type and has a correspondingly bad prognosis. In the metapneumonic cases the prognosis of streptococcus is little worse than that of lanceolatus. The particular organism present is a less cogent factor in determining the need of operation than the fever, prostration, chills, the quantity of pus cells present and the tendency to refill after operation. The gradual development of pus after successive aspirations can usually be predicted from the presence of strepto- or pneumococci in the first fluid withdrawn, even though that be a clear serum. But pus may also appear when the earlier tapings are sterile.

**Renal Insufficiency in the Tropics.**—Many writers on military hygiene and on tropical disorders confirm in a measure the water abstinence dogma. They advocate the habit of rarely drinking water between meals or on the march. J. C. MINOR (Jour. Am. Med. Assoc., Nov. 15, 1902), a United States Army surgeon stationed in the Philippines believes from his observations that this doctrine is wrong and that many ailments which soldiers present after exhausting duties are due primarily to renal insufficiency brought on by excessive loss of body fluids. One hundred cases in the hospital at Los Banos under treatment for various complaints showed a very low excretion of solids on admission and this while the patients were in a passive condition, more favorable for renal activity. The increase of solids on return to duty commends the idea of systematic instruction in the use of water, for no other treatment was employed. The author concludes that whether the systemic disturbance causing the usual disorders peculiar to the tropics be uric acid or faulty metabolism, or both, the kidneys in the tropics do not perform their share of the work of emunction. The reason for this renal insufficiency is that the tide of water pours through the skin so rapidly that the volume of circulation is correspondingly diminished and waste products are not properly eliminated. The remedy is the internal use of water as fast as it is wasted by the skin in order to force the kidneys to work and to maintain a normal volume in circulation. Also the external use of water and sun baths systematically for their toughening and contractile influence on the skin.

**The Clinical Value of the Ehrlich Dimethylamidobenzaldehyde Reaction.**—Ehrlich's reaction is based upon the formation of a red coloring matter in certain urines by the union of dimethylamidobenzaldehyde with an unknown substance in hydrochloric acid solution. The reaction may and indeed usually is obtained in some degree in normal urines, but in the pathological urines, especially of typhoid fever, phthisis and chronic enteritis a marked accentuation of the color reaction is obtained. In a series of 1000 urinary examinations E. V. KOZICZKOWSKY (Berl. klin. Woch., Nov. 3, 1902) found a marked and hence, "pathological" reaction in cases of phthisis pulmonalis, tubercular peritonitis, fi-

brinous pneumonia, acute endocarditis infectious cholecystitis and cholangitis, chronic bronchitis with bronchiectasia, acute articular rheumatism and scarlatina. In five cases (four of phthisis and one of lobar pneumonia), the reaction was marked throughout the entire course of the disease and until death. The cases of phthisis were of the severest type, rapidly progressive and accompanied by marked emaciation. The case of pneumonia was one involving both lungs. In two instances a constant reaction of high degree has been obtained in patients still living; one is a case of infectious cholecystitis and cholangitis, the other an acute endocarditis following articular rheumatism. In certain cases of pneumonia, phthisis, endocarditis, rheumatism and scarlatina a parallelism was noticed between the improvement in subjective and objective condition of the patient and the weakening of the reaction. On the other hand severe and fatal cases of hepatic cirrhosis, chronic nephritis and splenic tumor failed to give a marked red reaction at any time, even just before death. No relation could be established between temperature and the intensity of the urinary reaction. It was found that all urines presenting marked reactions were of high specific gravity; the converse was not true. The dimethylamidobenzaldehyde reaction bears no uniform relation to the Ehrlich diazo reaction, nor to indicanuria. These tests evidently fail to establish any connection between the Ehrlich reaction and any special disease and the author is not convincing that the reaction has any real clinical value.

**Diet in Typhoid.**—It has been shown by clinical observations of later years that the usual liquid diet given in typhoid is not essential and W. E. ROBERTSON (Phil. Med. Jour., Nov. 15, 1902) concludes from recent statistics and his own cases, that such patients may be given quite a variety of foods not only without harm, but with decided advantage, both as to their condition during the attack and as a means of effecting prompt restitution of their physical vigor. Milk is an excellent food, but beside the tendency to form tough curds, patients frequently refuse to take it. In 300 autopsies the author states that he has never found solid masses in the small bowel, no matter what diet the patient received unless milk constituted the bulk of the food. It is apt to form putty-like curds throughout the alimentary tract. A more liberal diet will serve, the writer believes, to diminish the number of deaths from asthenia and intercurrent affections usually caused by the invasion of the weakened organism. As for the third cause of death, erosion of a large vessel or perforated ulcer, it is usually agreed that a liberal diet does not increase the liability of these accidents but on the contrary, rather tends otherwise by increasing the resistance of the individual.

**Tuberculosis and the Sulcus at the Lung's Apex.**—Following up Birch-Hirschfeld's idea that the more frequent occurrence of tuberculosis in the apex of the lung is to be ascribed to special conditions within that area, by which the space is contracted and respiration thus obstructed, Schmorl pointed out the presence in the apex of a sulcus which had not hitherto been generally recognized, and which he attributes to pressure from the first rib; the latter being shorter than the normal in those cases in which the sulcus is found. R. PIANORI (Gaz. Osped., Oct. 19, 1902) discusses Schmorl's theory that the predilection of tuberculosis for the apex may be in great part accounted for by functional and circulatory disturbance due to compression, in those cases in which the sulcus is seen. Pianori found upon the lungs of two infants aged respectively eight and 14 months, the costal impression which Schmorl describes; though examination showed perfectly healthy lungs. Partial



confirmation of Schmorl's idea was, however, found in the case of a man whose lung presented a well-defined sulcus at the apex and in whom unmistakable signs of tuberculosis were present in that area. The author concludes that compression of the lung by an abnormally short first rib may be one of many factors in the predisposition of the apex to tuberculosis; and suggests the regular practice, for those predisposed to tuberculosis, of medical gymnastics consisting in suspension by the arms upon rings, trapeze, etc., that enlargement of the upper part of the thorax may be accomplished.

**Suprarenal Glycosuria in the Human Organism.**—Following up the work of Blum, Zülzer, Herter and Richards, who produced glycosuria in animals through endovenous, subcutaneous and endoperitoneal injection of suprarenal extract, S. BARBA (Rif. Med., Oct. 22, 1902) has injected the extract hypodermatically in man; selecting as subjects for the investigation of the glyco-genic influence of this substance, patients affected with Addison's disease, tabes and bulbar asthenia. From the work done, he finds that such injections do not induce glycosuria in the human subject with healthy suprarenal capsules, nor in those affected with Addison's disease. In the latter, the general condition was aggravated by the treatment, while in tabes and bulbar asthenia there was a distinct improvement and increased diuresis.

**Actinic Rays in Tuberculosis.**—Heat and electricity have been employed for the relief of suffering from the beginning of medical history but it is only recently that the third important factor, light, has been recognized as a valuable therapeutic agent. It has long been known that the tubercle bacilli never thrive in an open wound and that fresh air and sunlight are their strong enemies, but the value of concentrating the chemical properties of sunlight was not fully appreciated. J. W. KIMB (Med. Rec., Nov. 1, 1902) has for several years been employing the violet and ultra-violet rays of sunlight by a specially devised reflector, and believes that these rays exert a specific action upon epithelioma and tuberculous inflammations. A reflector is made use of, 36 inches in diameter, so constructed that all the light falling upon it is focussed three feet in front of it upon a spot eight inches in diameter. An intense blue light, which is rich in actinic rays, is thus utilized. This is thrown upon the bare chest of the patient for from two to three hours each day when the sun shines. Although it is very warm, this light does not produce blistering of the skin. The changes which occur are probably caused in one or both of two ways: (1) The powerful light penetrates the chest wall and produces an engorgement of the parts with blood increasing the nutrition or perhaps exerts an inhibiting effect upon the tubercle bacilli; (2) the effect of the light upon the blood that circulates in the skin must be very great. What effect, in a depurative way, this light may have upon the blood has not yet been discovered, but it is certain that a high percentage of the light is absorbed by the blood. An important element, undoubtedly, is found in the wonderful amount of hope which is stimulated by this method of treatment. Of course, this specific method of treatment should be combined with life in the open air, good nutritious food and hygienic surroundings which, in themselves, often prove sufficient, but the visible changes which occur so soon in lupus as a result of this treatment, seem to justify the belief that the marked rapid improvement in laryngeal and pulmonary cases is also due, in a large measure, to the actinic rays. In lupus there is an engorgement of the parts with blood, a cleaning of the surfaces by falling off of the crusts, a healthy, granu-

lating surface, and a beginning cicatrization which goes on very rapidly. In laryngeal tuberculosis similar changes can be watched. In pulmonary cases the clinical symptoms and physical signs seem to change more rapidly than we could hope for, as a result of ordinary methods.

**Necrosis of Intestinal Mucosa.**—Although it has been known that pronounced lesions may occur in the mucosa of the gastrointestinal tract due to pathogenic organisms of the pyogenic type, yet no clear knowledge of the cause and course of such conditions has been available. An attempt has been made to classify these cases according to whether the bacteria remained upon the surface of the intestine, giving rise to symptoms by the formation of absorbable ptomaines, or passed into the tissues of the gut and were carried by the lymph and blood to other organs of the body. H. F. HARRIS (N. Y. Med. Jour., Nov. 1, 1902) reports the case of a woman about seven months' pregnant, who developed the symptoms of uremia, and as she did not respond to treatment and had a very contracted pelvis a Cesarean section was done. She recovered from the operation, but in a few days showed signs of a severe toxemia and had numerous liquid stools of a peculiar dark and offensive nature. Autopsy showed a chronic nephritis with undoubtedly an acute exacerbation. The mucosa of the large intestine and a considerable part of the lower small intestine showed marked necrotic changes, and in the ascending colon there were intensely ecchymotic areas. In the necrotic masses enormous numbers of bacteria were found, principally diplococci, which correspond in every way with those described by Escherich as enterococci, although the kidney lesion was pronounced, it is believed that the intestinal lesions were the immediate cause of death.

**Nutritive Infusions.**—Several contributions have recently been made upon the use of subcutaneous and intra-venous injections of proteid substances. H. C. JACKSON (N. Y. Med. Jour., Nov. 8, 1902) believes that the advantage of such a method has been overestimated. It has been claimed that because egg albumin placed in the lower bowel was soon taken up into the general circulation and as this must be done "without any peptonizing process" that egg albumin, as such, may circulate in the blood and be of utility to the body. That this proteid may pass from the intestine into the blood unchanged cannot be denied, but this condition occurs only in cases where an excess is present in the intestine over and above what can be taken care of by the intestinal enzymes and then the proteid so absorbed is excreted in the urine as being of no use to the body. The benefits derived from an enema of the white of an egg are undoubtedly due to the fact that the proteid is acted upon by the enzymes and converted into a diffusible and useful material. There is, furthermore, the danger of infection, for it is doubtful whether the ordinary contents of an unbroken egg are sterile. Since the egg albumen introduced directly into the circulation is nonassimilable and cannot supply the body with energy, its value as a hypodermic nutrient is extremely doubtful.

**Significance of Abdominal Pain in Typhoid.**—In a large number of cases, typhoid runs its course without abdominal pain or tenderness. H. B. ALLYN (Medicine, Nov., 1902) says that the pain, when present, may be extra-abdominal as when due to hysteria or general hyperesthesia. Of abdominal causes, the following are mentioned: intestinal colic with distention of the gut, deep ulceration, phlebitis of an abdominal vein, coincident appendicitis, ileus, peritonitis without rupture, cholecystitis and liver abscess, hemorrhage and perforation. Pain from simple colic can be recognized by the

presence of gas, the escape of which relieves the pain. It is general, moves in position, is relieved by pressure and the aspect of the patient does not suggest serious complication. In enterocolitis, pain is usually accompanied with some soreness, but both are of a dull character and diffuse. The stools are frequent and loose and contain undigested food. Pain is likely to be present when the ulcers are numerous and deep; it is sharp and severe only when they reach the serosa. Tenderness here is marked. Phlebitis of the iliac veins can only be diagnosed if there is tenderness along their course or if the pain follows phlebitis of a leg. Appendicitis may occur as a complication of typhoid fever and be responsible for the pain, and sometimes the appendix can be felt by the finger introduced into the rectum. The pain of ileus often is mistaken for that of perforation, but leucocytosis appears to be much greater. Septic peritonitis without perforation may occur when there are necrosed areas of peritoneum over the bases of ulcers and in rare cases bacteria may pass through the bowel when there is an ulcer down to the serosa. The cause can only be discovered at operation or autopsy. The onset of cholecystitis is marked by pain in the right upper quadrant of the abdomen, tenderness on pressure beneath the right costal border on a line between the tenth rib and umbilicus and some muscular rigidity. The attack may occur during convalescence. The most important and serious cause of pain, of course, is perforation and the symptoms of this are too well-known to require mention.

**Dysenteric Appendicitis.**—A peculiar and rare form of appendicitis was observed by A. VANDERBOSSCHE (Gaz. hebdomadaire de Med. et de Chirurg., Oct. 9, 1902) in a soldier, whose health had been seriously affected by previous residence in the colonies and chronic alcoholism. The disease began three weeks before examination with diarrhea, soon turning into dysentery; the stools were fatty and defecation painful and associated with tenesmus and colic. Fever and marked emaciation existed. The pain soon was localized in the right iliac fossa. On examination there was slight rigidity of the abdominal wall on the right side and a hard, tender strand could be felt. Several days later a small, painful mass developed and a diagnosis of appendicitis abscess was made. At operation, a cavity filled with pus of extremely fetid odor was detected. After operation, the patient sank rapidly and death occurred a week later. At autopsy the cecum appeared roughened and ecchymotic and its interior was covered with dysenteric ulcers, some of which were so thin that they tore on manipulation. The symptoms of appendicitis had been due to ulceration of the interior of the appendix with suppuration; death was caused by the rupture of a cecal ulcer. That a close connection between appendicitis and dysentery exists seems clear from this case. The rarity of dysenteric appendicitis must be explained by the fact that the dysenteric ulcers are found chiefly in the large intestines about the sigmoid flexure. The pathogenesis is identical with appendicitis following tuberculosis, actinomycosis or typhoid. From a therapeutic standpoint, it seems that the usual operation is insufficient, and that the radical cure requires greater interference, at both the appendix and cecum.

### THERAPEUTICS.

**Creosote in Pneumonia.**—After an extended and thorough trial of creosote carbonate in acute pneumonia I. L. VAN ZANDT (Med. Rec., Oct. 18, 1902) sent out last spring to the medical profession of the country the following questions: "(1) Do you believe creosote ever aborts pneumonia? (2) Do you believe the majority of cases are mitigated by it? (3) Have you ever found cases which, having plenty of time,

were entirely uninfluenced by it?" Over 70 physicians reported results upon 1,130 cases and of these 37, reporting 762 cases, say "Yes" to the first question; 15 reporting 187 cases, say "No" and 19 fail to answer. To the second question, 57 reporting 1,022 cases answer "Yes"; two, reporting 10 cases, say "No," and the others fail to answer. To the third question 33 say "Yes"; 31 say "No," and the remainder do not answer. Of 1,130 cases there were only 56 deaths, a little less than five per cent. Since the average death-rate is from 25 to 30 per cent., the beneficial results are readily recognized. It is claimed that creosote or the carbonate of creosote is one of the greatest life-saving discoveries of the century.

**Anesthesin.**—Anesthesin is a white, tasteless and odorless powder, soluble in ether and alcohol, insoluble in water and non-toxic. Very similar to cocaine in that it deadens pain, there are certain distinct differences according to G. S. PRESS (Münch. med. Woch., Sept. 30, 1902) for the effect of anesthesin, owing to its slight solubility in the tissue juices, lasts for hours and days but does not penetrate deeply the uninjured mucous surface unless a catarrhal condition is present. The great drawback is that anesthesin cannot be injected into the tissues, owing also to its insolubility, so that it cannot entirely replace cocaine. The application of anesthesin with a powder insufflator in pertussis or acute coryza is often followed by great relief and it is excellent in the after-treatment of hypertrophied lingual and pharyngeal tonsils and painful diseases of the larynx.

**Creosote.**—At the American Pharmaceutical Association meeting of 1902, WM. MITTELBACH (Am. Jour. Pharm., Oct., 1902) called attention to the extensive sales of "coal-tar creosote" under the names "commercial creosote" or "German creosote." He attributed this to the ignorance of pharmacists and physicians, who seem to think that, having the same name, it has the same action as the official creosote made from beechwood. Coal-tar creosote is a cheap and harmful substitute, with a quite different physiological action.

**Hyoscyamine and Atropine.**—In examining pure hyoscyamine from *scopola* and pure atropine from *belladonna* prepared by FRESCOTT and SCHLOTTERBECK (Am. Jour. Pharm., Oct., 1902) hyoscyamine has been found by Prof. A. R. CUSHNY to be twice as strong as atropine in checking salivary secretion and in dilating the pupil.

**Arsenic in Chemicals.**—In an examination of a number of chemicals, L. F. KELLER (Am. Jour. Pharm., Oct., 1902) found sodium phosphate to contain one sixty-fifth grain of arsenic in five grams. Not a sample of glycerin was free from arsenic. Honey was practically free, but tobacco appeared to contain a considerable amount.

**Narcotine.**—From extensive experimentation, CRAWFORD and DOHME (Amer. Jour. Pharm., Oct., 1902) conclude: That narcotine intravenously injected, causes a fall in blood pressure, mainly due to direct action upon the heart. The pulse-rate is slowed, the cardiac nerves unaffected. Narcotic action is slight. Respirations are increased in frequency but the individual respirations are lessened in volume—just the opposite of heroin. The salivary secretion is at once arrested by small doses, but large doses may increase it. The amount of biliary secretion is uninfluenced, the intestinal movements are quieted, and the renal secretion is diminished by intravenous or subcutaneous dosage, and unaffected by small doses per os. Narcotine is partly eliminated by the urine and partly in the stomach. It does not reinforce the action of morphine. We have no reason to believe that small doses of narcotine are injurious. Any unpleasant action the undennarcotized tincture of opium may have, is probably due to the so-called odorous principles.



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## ADVANTAGES OF THE FORMAL PRESCRIPTION.

THE unfortunate occurrence of a fatal termination in the case of one of the most promising of the young professors at a great American university who had taken an overdose of chloral recalls attention once more to the importance of having very active drugs dispensed on formal prescriptions with absolute directions as to their use. The professor, a man of but thirty-five years of age, had, it seems, been a student of medicine as well as of law when younger and kept near him a preparation of chloral to be used as a sleeping draught. Suffering from toothache he took several doses of the mixture and went into a collapse. In spite of the most strenuous and carefully directed efforts, including the use of oxygen for many hours and all the known stimulants, his life could not be saved. For a time there was a revival of hope because of a temporary reaction, but the heart had suffered too severely from the drug and eventually gave out.

There seems little reason to insist on the pharmaceutical lesson that chloral is not an analgesic but a hypnotic. It will not relieve pain but will only produce sleep. If sleep should be induced as the result of large amounts of chloral while pain exists, it is a continuous nightmare of

suffering and the patient awakes from his nap not refreshed but even worse wearied and irritated than before. This is not, however, a matter of general knowledge and people who have used chloral successfully for insomnia are prone to assume that it may also induce sleep when pain is the sleep disturber.

Curiously enough it is the more intelligent classes that are likely to make such an assumption. In medical matters, as in nothing else almost in life, a little knowledge is indeed a dangerous thing. Not many years ago America lost a widely known literary man from a similar abuse of chloral presumably because he made the mistake of thinking that if his delicate wife could stand a certain dose he in magnificent health and strength might take at least double the amount with safety.

The more important lesson of these sad events however, is the necessity for constant formality in the prescription of active remedies. A physician is sometimes tempted to think that a thoroughly intelligent man, a college professor for example, as in the recent instance, can be trusted not to make a foolish use of drugs. For insomnia then he may suggest the use of a certain amount of chloral without actually writing the prescription for it or fixing absolutely the limits within which the drug may be used. Such a procedure, if the remedy has in it any possibilities of causing serious symptoms or any allurements toward the formation of a drug habit, is almost sure to be a source of poignant regret.

At times there is no better reason for not giving a formal prescription than the desire to enable a friend to avoid the payment of the usual druggist's fee for the filling of a regular prescription. Such remedies as calomel, nux vomica, chlorate of potash, the recent analgesics, at times even iodide of potash are thus informally recommended. Very few active practitioners have failed at some time or other to be sorry for giving such directions. They are sure to be passed on with well-meant charitableness to cases for which they are absolutely unsuited and the physician finds sometimes to his surprise that presumably by his directions a susceptible person has been salivated by calomel, or a sufferer from chronic nephritis with some symptoms of sore throat is consuming amounts of chlorate of potash that would prove irritant even to healthy kidneys.

Of late years the more frequent use of proprietary preparations has given rise to readier opportunities for such mischances. It not infre-

quently happens that some proprietary preparation may prove just the medication for a special case. Facilities for the manufacture, the handling and the combination of crude drugs may enable an enterprising pharmaceutical chemist to put a more efficient remedy on the market than is possible under ordinary circumstances for the retail pharmacist. It is never advisable however, if there are more than ordinarily active ingredients in the preparation, that it should be dispensed under such labels as enable patients and their friends to secure it without a physician's directions and apart from his supervision. Remedies containing iron and arsenic are not without distinct dangers under such circumstances and these are emphasized by the fact that preparations are supposed to be used for long periods before their effect can be obtained. It may well prove that they have been all the time fostering evil tendencies of the system instead of benefiting it—the iron irritating a partially latent rheumatic disposition into arthralgic activity, the arsenic accomplishing a like undesirable purpose in the production of low grade neuritis.

The old idea that the physician's prescription should be formally written in the Latin tongue is not entirely without its sweet reasonableness even in our progressive practical century. Even this rather elaborate precaution, does not always secure all the secrecy that would be desirable but it accomplishes much of the original purpose. Not that the physician needs any longer the impressiveness of the mystic symbols and a foreign language, but that the best interests of the patient are consulted by the formal writing of amounts and details of administration. Besides it remains the most effective professional discouragement for the practice, unfortunately so popular among nearly all classes of people, of using medicines on general principles and without the special indications and adaptation that can alone avail to make the ingestion of materials foreign to the normal metabolism suitable for corrective purposes.

#### THE EVENING POST VS. DR. WILEY.

THE *Evening Post* is ungrateful to this government and especially ungrateful and unjust to Dr. Wiley of the Department of Agriculture, who is engaged in studying for the government the physiological effects of boric acid, with a view to the determination of the proper limits of its usefulness as a food preservative. Says the *Post*: "Dr. Wiley has overlooked one consideration which, if

not heeded, will make his experiments valueless." The experiments "are to be made on persons in health." Now "most American adults are dyspeptics;" therefore the doctor is enjoined to remember the soil as well as the seed, the stomach as well as the chemical.

Of such stuff is popular scientific criticism often made. Dr. Wiley proposes to study on normal subjects under proper precautions and control, the physiological effects of boric acid. He is particularly fortunate in dealing with a drug which is not a powerful poison, and which therefore permits him to utilize healthy human beings as the subjects of his experiments. The *Post* fears that since young men in the student age do not know that they have stomachs and boast that they can eat broiled brick-bats on toast, and since borax is not a violent and immediate poison, therefore Dr. Wiley may get absolutely negative results and yet prove nothing. It may be worth while to suggest to the *Post* that Dr. Wiley will not be compelled to produce violent and immediate poisoning in his subjects in order to obtain valuable results. It is true that the susceptibility of two individuals to any drug may not be equal, but it is nonsense to accuse medical men generally of overlooking this fact. Dr. Wiley's experiments will not be conducted upon a single subject but upon several; they will cover a considerable period of time, not a single day; and if such quantities of boric acid as are commonly used to preserve foods have any tendency to retard digestion or otherwise to interfere with important vital functions, it is reasonable to suppose that these experiments will throw some light on the question.

Dr. Wiley's critic remarks that the whole question of food preservatives is much too important to be decided by the experiments of any one man, however able and unprejudiced. As an alternative it is suggested that the leading nations appoint a commission of scientific men to formulate the necessary regulations. Now neither Dr. Wiley nor the Department of Agriculture proposes that his investigations shall settle the "whole question of food preservatives." This question is not now raised for the first time. Scientific men the world over have been engaged for many years in experimental work along these lines; if they have not worked according to a single plan, they have labored with a common object, and any investigator taking up the work to-day may have the benefit of their past labors for his guidance and for comparison with the results of his own experiments. We have no objection to a special international commission; but does the *Post* dream



that such a commission would materially change the plans and scope of physiological and toxicological studies? It would collate clinical data and cause experiments to be made on healthy human subjects and even on animals, unless—unless the adult dyspeptic editor of the *Post*, recognizing the dire need of weak individuals for protection against adulterators, should offer his own stomach as a suitable soil on which to observe the effects of dangerous poisons.

Acceptance of the *Post's* brand of scientific conservatism would block the road to advanced physiological knowledge. We sincerely trust that Dr. Wiley will proceed with his experiments undaunted. The *Post* can make itself useful by continuing to compile voters' directories, rendering unto medical men the things that belong to them.

#### EDDYISM RETREATS.

A RECENT number of the *Christian Science Sentinel*, the official organ of this sect, publishes in a very conspicuous manner this edict from Mrs. Eddy, the high-priestess herself: "Until the public thought becomes better acquainted with Christian Science, the Christian Scientists shall decline to doctor infectious or contagious diseases." Whatever the motive which occasioned it, this new law of the sect is certainly a good sign for the public welfare, especially for the children here and there who "chose unwisely in their parents."

We cannot doubt, however, that this is the natural outcome or consequence of the general and vigorous resentment, especially in New York State, that the public is beginning already to show against these persons half fanatic and half charlatan. The woman who built all this certainly has the wisdom to check it as it leans to fall. She sees the gathering storm, the weak foundation, and hurries to the need. It was certainly no average mind that organized this "new" profession, so lucrative and so free from all bother of study that other professions require, so free too from all responsibility, as from all limitations of time and space and causality. Eddyism is ingenious, to be sure, but the inevitable consequences of its methods, soon and late, are destruction. Mrs. Eddy's chief lieutenant in Boston is quoted in the public press as saying, in explanation of the latest edict: "Doubtless Mrs. Eddy has noted the effort to smite Christian Scientists on the one cheek, and she has concluded that it is best to turn the other also." Others will see in her action a laudable desire on her part to keep some of her followers out of jail.

It is doubtful if the Eddyites are aware of the fact, but to obey this order literally would be for them to lose a considerable fraction of their "healers'" incomes, there being relatively few diseases not either infectious or contagious or considered so by some. It will not, to be sure, affect the treatment of hysteria, and this is of course the great stronghold of the absent-treatment curists; still, hysteria, properly speaking, is contagious. It will not, however, affect the constant cure of cancer with all their former success, contagious or not contagious; and broken bones will continue, as heretofore, to fly together sound and whole as they become aware of the vibrations trembling through the expectant air as the absent treatment starts in.

But, seriously, Mrs. Eddy, woman that she is, seems after all to show woman's proper pity, and no longer cares, perhaps, to have her dreams disturbed by the knowledge that little children here and there, in Europe and America, are being strangled by diphtheritic membranes which to-day need not be there. Perhaps Mrs. Eddy has seen some of these deaths—as cruel as any that the busy physician, accustomed to cruel sights, ever has to witness. It is no wonder that the goddess of Christian Science, with death not too far off, desires to check deeds of crime like these. What the next step in retreat will lead to, who can say? Wherever it leads, the present moral for encouragement to the public benefit is clear: to keep up the opposition until at last the public, the great mass of people with common sense to live by, feels and knows the certain consequences that will come, as already they have come too much, unless these people be restrained in their fanaticism and selfish greed. In the present retraction one sees hope that the worst, officially, has passed. For it, let us, and the children, be glad.

#### ECHOES AND NEWS.

##### NEW YORK.

**Resignation of Dr. Duryea.**—Dr. J. T. Duryea, superintendent of the Kings County Hospital, has resigned, intending to engage in a business venture. Charities Commissioner Folks is said to be considering the appointment of Dr. Fitzgerald of Rome, N. Y., as his successor.

**Resignation of Prof. Hyslop.**—James Henry Hyslop has resigned as professor of psychology and ethics at Columbia solely on account of ill health. Dr. Hyslop became interested in "spiritism" several years ago and confessed his belief that the dead can communicate with the living through a trance medium. He sought scientific proof of it. He had several sittings with Mrs. Leonora E. Piper, the "trance medium" of Arlington, Mass., who two years ago confessed her ignorance of "spiritualism" and said

that in her opinion all her feats might be attributed to telepathy or hypnotism.

**Post-Graduate Hospital.**—Four persons have promised to the New York Post-Graduate Hospital \$25,000 each if the Hospital Association of the institution shall succeed in raising \$100,000. The names of those who have thus pledged themselves will not be announced at present. The association has adopted the plan of seeking a popular subscription, donations to be limited to \$1 each, and it believes that, in view of what it has done for the people of the East Side and for others, as grateful, there will be a ready response. Subscriptions are also to be sought among people of moderate means and the wealthier classes. The hospital is being run at a loss and is meeting with an increased demand for its services.

**Forced Economy in State Hospitals Criticised.**—

At the session of the State Charities Conference, held in the Senate chamber Nov. 19, George F. Canfield of New York, president of the State Charities Aid Association, read a paper on "The Mentally Defective." The title of the paper read by William Church Osborn of New York, president of the Children's Aid Society, was "Safeguarding the Mentally Defective." Both Mr. Canfield and Mr. Osborn criticised the present centralized management of the State hospitals, and declared that more money should be appropriated each year for food and clothing for the insane. Mr. Canfield showed that the annual per capita cost of maintenance of insane patients, which, previous to Sept. 30, 1899, had never been below \$184.25, was during the past year \$161.69, which rate has been maintained in the face of a rising market and largely increased expenditures for coal by diminishing the amounts spent for food, clothing and other supplies, ordinary repairs, salaries and wages. This low rate, he said, has been coincident with a decrease in the number of recoveries from 1,209 the previous year to 1,133 during the past year, though there were nearly 600 more patients under care. It has also been accompanied by an overcrowding of the State hospitals, which is estimated variously from 2,000 to 3,000 patients. He added: These unfortunate conditions are not the result of the new system. Indeed, since the new system went into operation the State authorities, in response to the earnest recommendations of a Committee of Superintendents, have increased the allowance of food, and to that extent have improved the situation. The situation, therefore, can be still further improved, at least temporarily, without any change in the law itself. What is needed is that the governor and the legislature and the State Commission in Lunacy should abandon this penny-wise and pound-foolish policy and should permit a more generous rate of expenditure. The State Commission in Lunacy should recommend to the legislature a sufficient appropriation for the needs of the insane. The legislature should make such an appropriation, and the governor should approve the action of the legislature in so doing.

**Manhattan Dermatological Society.**—Regular meeting held on Nov. 7, 1902, with Dr. W. S. Gottheil presiding. Dr. J. Sobel showed a case of Urticaria Pigmentosa, in a child of twenty months; the eruption shows in crops; more pronounced in summer; a few papules can be seen on face and neck; the typical pigmented spots are well seen on abdomen and thighs; eruption bilateral and somewhat symmetrical in location. Dr. Pisco saw a case in which eruption was general; this case seemed to do better when bowels were constipated. The pigmented lesions remain as per-

manent ones; wheals are seldom seen. Dr. Gottheil related a case in which entire abdomen was pigmented. Dr. E. L. Cocks showed a case of Prurigo, showing the excellent results obtained by the use of naphthol and resorcin ointment. Dr. Cocks also presents a case for diagnosis. A child of seven years with subcutaneous nodules of lentil size scattered on arms, legs, neck and abdomen; present about two months; given kali iodate a few lesions have disappeared; child well nourished; functions normal. Dr. Sobel expresses doubt as to its true nature; he thought they might be rheumatic nodules; these are influenced by kali iodate as well. Dr. Oberndorfer believed the lymphatics to be involved. Dr. L. Weiss saw some resemblance to a case of lymphangioma tuberosa observed by him. Dr. Gottheil inclined to make a diagnosis of subcutaneous gumma. Dr. C. W. Allen's first thought was of gumma; he also entertained scrofula; not willing to make exact diagnosis; considered it a rare case. Dr. A. Bleiman presented a case for diagnosis. A man of forty-five showing whitish, hornified patches on mucous membranes of lips, cheeks, gums, tongue and roof of mouth; present three years and uninfluenced by all kinds of treatment, syphilitic and nonsyphilitic. Lichen planus, lingual psoriasis and simple leucoplakia were considered. Syphilis could be excluded. Dr. Pisco considered it lichen planus; he saw lesions of the latter on glans penis of patient. Dr. Cocks advised galvanocautery for treatment; would not consider it specific. Dr. Sobel called it leucoplakia of traumatic origin. Dr. Oberndorfer calls it leucoplakia buccalis; if specific would expect to find lesions of the skin; advised cautery. Dr. Gottheil agrees with the latter; locally lactic acid or the galvanocautery; he stated that these lesions were often an early stage of carcinoma. Dr. W. S. Gottheil showed an interesting case of tubercular leprosy. An Italian woman of forty years; began 15 years ago as small papules, which gradually enlarged to present conditions; the entire face is covered with large nodular masses; patient has the typical leonine face; a few nodules on arms and legs. Dr. Gottheil thought the Finsen light might benefit patient. Dr. Allen stated he observed a case treated with the X-ray; nodules got softer. Dr. Pisco saw good results from the use of arsenic, internally and hypodermically; also injections of bichloride. He saw a mild case get well without any treatment. Dr. L. Weiss discussed the position taken by the Board of Health in leprosy and the general welfare of the public. Dr. L. Weiss presented a case of chronic psoriasis, which never seemed to get well; an interesting feature was the existence of an accompanying erythema papulosum. Dr. E. L. Cocks showed a case of pityriasis rose corporis; the eruption had been diagnosed by a hospital staff as a macular syphilide. Dr. Pisco terms it herpes tonsurans maculosus. Drs. Allen, Sobel and Gottheil call it pityriasis rose; and Drs. Bleiman and Oberndorfer consider it eczema seborrhoicum. Dr. L. Weiss showed a case of dermatitis medicamentosa; a general scarlatiniform eruption covering the entire body. Dr. W. S. Gottheil presented a case of lupus erythematosus, showing the excellent results obtained by the use of the Finsen light; patient received three applications a week; in all, 14 treatments; he treated four such cases and three are doing well. Dr. I. P. Oberndorfer presented a case of miliaria confined to the chest (anterior) neck and upper part of back; present about four months; the lesion consists of minute whitish papules; a few large reddened papules were also observed.

The latter Dr. Oberndorfer attributes to treatment by a 10 per cent. salicylic wash. Dr. Pisco saw some miliaria on neck, but the general eruption he considers lichen planus. Dr. Bleiman saw typical lesions of lichen



planus at bend of elbows and agrees with the last speaker. Drs. Sobel and Cocks also agree. Dr. Weiss called it lichen planus obtusus. Dr. Allen stated that both miliaria and lichen were present; the lichen not typical. Dr. Gottheil was of the same opinion. Dr. Oberndorfer stated that he expressed a whitish pearly mass from many of the papules, such as one expects to find in miliaria; the lesions on arm he considered lichen.

**New York County Medical Society.**—Dr. Frank Van Fleet, the retiring president of the County Medical Society, denounced quacks and charlatans and called for a stricter enforcement of the medical laws, at the last meeting held Monday night: "It is high time," he said, "for the medical profession to start in on a campaign of education when the Supreme Court of the United States renders a decision, as it did a few days ago, to the effect that the value of absent mental treatment is a matter of opinion and that the dupes who subject themselves to it as well as those who wax rich practising it have the same rights as those who practice scientific medicine." Dr. Van Fleet said of local conditions: "The District Attorney, with a blare of trumpets raids a gambling house where some idiot has lost a dollar of his inherited wealth and tries to convict of murder on circumstantial evidence, but the knave under the mask of religion is allowed to prey on the sick and helpless with impunity."

**Address of New President of County Society.**—Dr. Charles N. Dowd, the new president of the society, warned the doctors against impure drugs and urged them to send samples of what they got from the manufacturers and retail dealers to the Board of Health for free analysis. The County Medical Society, the president said, is ready to punish any dealer whose goods are not what he represents them to be. President Dowd also suggested the appointment of a committee to confer with the surgeons of the National Guard for the purpose of securing a better medical service for the State military organization. The society adopted the suggestion and President Dowd appointed this committee: Drs. James Ewing, William H. Park, L. K. Neff, George G. Ward and Albert Brugman.

**The County Society and the Coroners.**—Dr. Van Fleet introduced a resolution to appoint a committee to inquire into the present movement to organize the Coroner's office. "Do you mean reorganize or abolish?" asked Dr. W. P. Northrop. "Either you like," said Dr. Van Fleet. "I understand that the plan is to abolish the present office and substitute something for it. I don't know anything about the office myself, but introduce this resolution at the request of a prominent public official, a layman." The resolution was passed without discussion and there were no votes in the negative. President Dowd appointed Drs. Van Fleet, John W. Brannan and William M. Polk to inquire about the Coroners and to report at the meeting of the society on Dec. 22.

**To Tax Doctors' Carriages.**—There is a bill before the Board of Aldermen to tax private carriages \$5 a year and physicians' carriages \$10 a year. The Law Committee of the County Society has been asked to have the bill amended.

#### PHILADELPHIA.

**Question of Doctor's Fee.**—The question as to whether a doctor residing in the same locality as a patient and leaving it can charge a larger fee for attending the patient from his new and more distant residence was passed on to-day in the Supreme Court, when a jury returned a verdict in favor of the physician. The suit was that of Dr. Jacob H. Asch, who sued Charles Goldsmith to recover a bill for

medical attendance, in which he charged \$15 for each visit paid to the defendant, after the time he had left Arverne, where the defendant continued to reside. Goldsmith contended that Dr. Asch was entitled to a fee of only \$3 for each visit, that being the fee charged by him for each visit paid while the doctor was in Arverne.

**Mütter Lecture.**—The Mütter Lecture of the College of Physicians for 1902 will be delivered in the hall of the college, Tuesday evening, Dec. 2, at 8 P.M., by Major L. A. La-Garde, Surgeon, U.S.A. The subject of the lecture will pertain to wounds by the implements of warfare.

**Narrow Escape of Dr. Musser.**—Dr. J. H. Musser recently had a narrow escape from serious injury in a collision between his automobile and a trolley car. One of the rear wheels of the auto was caught by the fender of the car and the vehicle overturned. Dr. Musser jumped when the collision occurred and fortunately escaped with only a comparatively slight scalp wound.

**Plans for Pavilions Considered.**—Assured of early appropriation by Councils the Boards of Charities and Correction have approved plans for six pavilions, each to accommodate 30 consumptive patients, for the Philadelphia Hospital. It is said that eight pavilions could have been erected for the same money one year ago when the project was first considered. The buildings will be of glass and steel 48 by 39 feet and 28 feet high, with a space of 48 feet between them and a plaza 80 feet wide in front of all.

**Annual Exhibit of Pathological Society.**—The annual exhibition meeting of the Philadelphia Pathological Society will be held in the Mütter museum of the College of Physicians, Dec. 11. It is intended to make this exhibition largely illustrative of surgical pathology and to that end gross specimens rather than microscope exhibits are desired.

**Jefferson Maternity.**—The tenth annual report of this institution emphasizes strongly the need of increased room. Patients have to be refused because of lack of accommodations, especially respectable married women who would pay for a private room, this class of patients constantly increasing. During the 10 years 2,736 mothers have been treated and 1,770 children born in the institution. During the past year 232 patients in the building and 415 out patients were treated.

**Laboratory of The Philadelphia Medical Journal.**—This laboratory, under the direction of Dr. Henry Leffmann, aims to furnish at intervals reports embodying practical information for physicians. The work is to originate in the laboratory, or as the result of suggestions, and no commercial analysis will be made. The first contribution is a report on the commercial forms of hydrogen dioxide.

**Resolutions on the Death of Dr. Hughes.**—The Board of Charities and Correction have passed the following resolutions:

"Whereas, The board has heard with deep regret of the death of Dr. Daniel E. Hughes, chief resident of the Philadelphia hospital for the past twelve years;

"Whereas, He has during this time discharged his arduous and responsible duties with fidelity and singleness of purpose of alleviating the ills of the sick and unfortunate ones under his care; therefore, be it

"Resolved, That this board place on record the fact that they have lost an able, conscientious and faithful official, one who was courteous to his associates, kind and considerate to his subordinates, devoting faithfully his time and experience to the sick.

and discharging his duties with honor to himself and to the department."

The position of instructress in music for the insane, with a salary of \$1,000, has been created for the widow of Dr. Hughes who has performed faithful service in the institution.

**Home for Aged and Infirm Deaf.**—Property has been secured, and a home under the above name incorporated, in Doylestown as the result of a movement originated in this city by the graduates of the Pennsylvania Institution for the Deaf and Dumb at Mount Airy. The officers are Robert M. Ziegler, president; J. A. McIlvaine, secretary; Frank W. Booth, treasurer. The home will be dedicated and opened for the reception of inmates Dec. 1.

**Nonsuit in Damage Case Against Streetcar Company.**—Judge Davis has confirmed the nonsuit in the case brought by Henry Bainbridge against the Union Traction Company. Bainbridge is seventy-one years of age and while on a car signaled the conductor to stop at Sixty-third street and stepped down on the running board while the car was in motion. Before the car reached the stopping place he was jolted off into the street and injured. The suit for damages brought by him was dismissed on the ground that he had been guilty of negligence. This was sustained by Judge Davis, who affirmed that there was no accident by any of the means of transportation in this case, as none of the seated passengers were injured. This decision is interesting in view of the hundreds who ride on the steps of crowded cars during the busy hours of the day.

**New Lancaster Hospital.**—The corner stone of the new Lancaster General Hospital was laid Nov. 23 with Masonic rites, the idea of a general hospital having originated with a local secret society a number of years ago. The hospital will be 90 by 180 feet in size, of colonial architecture, and built of Indiana limestone and dark mottled brick. Flourishing auxiliaries of hospital are now in existence in several parts of the country, under the auspices of women.

**Cyst of the Cerebellum.**—This case was reported at the Philadelphia Pathological Society Nov. 13 by Dr. Joseph McFarland. The patient from whom the specimen was removed was a man of twenty-four years, who had had otitis media during the course of an infectious disease of childhood. For some time he had been dull and finally developed severe headache accompanied by noises in the head. The latter were heard not only by the patient but by others as well. Aneurism of a vessel at the base of the brain was diagnosed and the left carotid artery ligated. This improved the man's condition, the headache and noises disappearing. Later they returned, he entered another hospital where aneurism was again diagnosed and the right carotid ligated. This brought temporary improvement but some time after the patient died rather suddenly after showing a very high temperature. Autopsy revealed a cyst the size of a hen's egg in the right hemisphere of the cerebellum. It contained a straw-colored fluid and in one part of the wall was a growth which proved to be an angiosarcoma. The origin of the cyst is supposed to have been an abscess which formed during the otitis media. Nothing was found to explain the peculiar noises present for some time before death.

**Pulsating Hemothorax.**—This case was reported by Dr. Joseph Sailer. The patient was a muscular young colored man who some time after admission to the hospital developed symptoms of a large pleural effusion on the left side. Exploratory aspiration showed the fluid to be blood. The heart was displaced to the right only to a small degree. When

the fingers were placed under the margin of the ribs on the left side a distinct pulsation could be felt. Autopsy revealed a saccular aneurism of the ascending and transverse portions of the arch of the aorta that was 12 cm. in width. It had ruptured into the left pleura which contained 2,800 c.c. of blood, about two-thirds of which was clotted. The slight displacement of the heart was explained by the presence of a universally adherent pericardium.

**The Immunization of Cattle Against Tuberculosis.**

—Dr. Leonard Pearson detailed briefly some experiments made in investigating the above question. Two animals were injected with a standard culture of human sputum tubercle bacilli. One killed some time afterward showed no tubercular lesion. The other was inoculated with five c.c. of a culture of bovine tubercle bacilli and killed eight months afterward. Extensive deposits of fibrin was found on the abdominal organs but no tubercles were demonstrated. Four animals were then selected, two of them being vaccinated with tubercular cultures and the other two used as controls. All of them were then inoculated with cultures of virulent bovine bacilli and after some time killed. The first two were free from tuberculous lesions. The others contained lesions, including abscesses containing cheesy pus at the site of inoculation, tubercles in the lungs, etc. The conclusions reached from the few experiments made are that after intravenous injections of cultures of human tubercle bacilli the resistance of cattle against tuberculosis is increased. After the intravenous injection a large amount of bovine tubercle culture will be withstood by these animals when the death of unprotected animals will be caused. Experiments will be made to determine the duration of this immunity.

**The Pathology of the Lesions of Gonorrhea.**—Dr.

John G. Clark spoke very briefly on this topic at the Section on Gynecology, Nov. 20. He mentioned the peculiarity of the gonococcus in that it is one of the organisms most difficult to cultivate and is generally claimed to be superficially placed in the mucous membrane of the locality it inhabits, though there is some dispute as to whether the latter is correct or whether the organism extends deeply into the muscular tissue. Pathologists, however, hold that it is superficial and from this fact and its difficulty of cultivation one would suppose it to be easily destroyed but instead it is one of the most difficult. It is an organism that survives its own toxin. It may become latent in the female but give rise to a virulent ophthalmia in a newborn child from such a parent.

**The Treatment of Gonorrhea in Women.**—Dr.

William Small read a paper on this subject. For acute urethritis seen within 48 hours an abortive treatment may be tried. The physician should use a 20-per-cent. solution of argyrol daily allowing it to remain in the urethra for five minutes. In addition, the patient is given a five-per-cent. solution to use three times daily. When seen after 48 hours has elapsed, use the five-per-cent. solution four times daily, apply a 20-per-cent. solution to the bladder, and finally use zinc and hydrastis. In chronic cases, for anterior urethritis use pure ichthyol injections. For involvement of the middle urethra, use the sound, massage, argyrol, and silver nitrate. For posterior, dilate the sphincter, make applications and give urotropin. When the cervix uteri is involved, use argyrol, etc., and pure carbolic acid and the curette, when other means fail. In the discussion, Dr. Richard C. Norris said that he had tried the newer silver preparations and now uses an ichthyol



compound of silver for routine work. Protargol for babies' eyes is not so good as Crede's method. The curette has not accomplished much in gonorrheal endometritis and he has abandoned it. Curetting will do for involved glands but the endometrium is too much like the male urethra, and curetting of it is not advised. The after-effects of the disease are more severe after the use of the curette. Dr. J. G. Clark emphasized the statements of Dr. Norris as regards curetting. In one case he removed a pus tube and curetted the uterus through the opening thus made and applied formalin. The discharge lessened for a time but has since greatly increased. He would use the curette only in the most chronic cases where all other means had failed and the tubes were involved, and then only, as a means and not as curative. He has applied formalin to the endometrium in a few cases. This is very painful to the patient and has not given very satisfactory results. Dr. John C. Da Costa finds the older treatment still the best, and treats as an inflammation of mucous membrane elsewhere, mildly at first. Zinc acetate, two or three grains to the ounce, is applied and methylene blue or urotropin given internally. When chronic, the urethra is swabbed with fluid extract of hydrastis. This treatment is painful but it cures. In the vagina use silver nitrate, one dram to the ounce, neutralizing with salt solution if necessary. One or two applications will cure. He uses the curette in the cervix but not in the body of the uterus.

#### CHICAGO.

**Surgical Shock.**—Dr. George W. Crile of Cleveland, Ohio, recently read a paper before the Chicago Pathological Society on this subject. He said that surgical shock is an exhaustion of the vasomotor center. Neither the heart-muscle, nor the cardio-inhibitory center, nor the cardio-accelerator center, nor the respiratory center is other than secondarily involved. Therapeutic doses of strychnine are inert, physiologic, dangerous or fatal. If not fatal, it is followed by exhaustion. There is no practical distinction to be made between external stimulation of this center, as in injuries and operations, and internal stimulation, as by strychnine. Each in sufficient amount produces shock, and each, with equal logic, might be used to treat the shock produced by the other. The blood does not tolerate much dilution with saline solution. Its volume, then, can be increased but little by saline infusion. Elimination takes place through the channels of absorption. It accumulates in the splanchnic area, and if in sufficient amount, the diaphragm and the ribs become fixed, and death is caused by respiratory failure. Saline solution, then, has a strictly limited field of usefulness. Adrenalin acts upon the periphery. Adrenalin will raise the blood pressure in normal animals in every degree of shock; with the medulla cocaineized, or in the decapitated animal. It is rapidly oxidized, by the solid tissue and by the blood. Its effect is fleeting; it must therefore be given continuously. By this means the circulation of a decapitated animal was maintained 10½ hours. The pneumatic suit provides an artificial peripheral resistance, and gives an absolute control over the blood pressure within a range of 25 to 40 mm. mercury.

**Ventrofixation, Pregnancy, Inversion of the Uterus, Death and Postmortem.**—At a recent meeting of the Chicago Medical Society Drs. Wm. E. Holland and Byron Robinson presented a case of ventrofixation followed in two years by pregnancy, which proceeded to full term. There was a short normal labor and delivery. Death occurred 3½ hours post-

partum. Postmortem examination revealed complete inversion of the uterus. The uterine circulation was injected in situ with red lead, the uterus removed, and an X-ray of the specimen secured. The authors presented observations and deductions concerning the relation of the ventrofixation to inversion of the uterus.

**Gravity of Bronchitis in Elderly Men and the Safety Valve Action of Relative Tricuspid Insufficiency.**—Dr. Robert H. Babcock read a paper on this subject, in which he reported a case, and drew the following deductions: (1) Bronchitis in elderly, although robust, men may readily become chronic. Presuming on their previously good health and vigor, they think they can easily throw off their cold, hence are apt to ignore medical aid until after the bronchitis has become settled and obstinate; (2) the cardio-vascular degenerations so often present and unrecognized in elderly men increase the tendency of bronchitis to become chronic. This is because the stiffened arteries and chronic myocarditis, even though the heart remains potentially equal to the demands of everyday life, tends to the production of pulmonary and bronchial congestion, which, when bronchitis once sets in, renders it less amenable to ordinary treatment. Moreover, the physician who may be consulted is apt to overlook the influence of cardio-vascular changes, and contents himself with prescribing expectorants, whereas he should, at the same time, lessen the congestion by brisk calomel cathartics. He should also in many cases inhibit exercise, and attention to business, and the heart may be relieved of unnecessary strain; (3) Another element of danger in the bronchitis of elderly men is pneumonia. In most cases the bronchitis predisposes to a pneumonia, which may develop after the lapse of weeks or months. There is, however, the possibility that the bronchitis, which sets in abruptly and severely, may be but an attendant or manifestation of pneumococcus infection, and may obscure the signs of pneumonia when this is lobular; (4) a fourth danger lies in the effect of the bronchitis upon the heart. Chronic myocarditis develops so insidiously that one may not always be able to detect it, and cannot foresee how little extra strain may be required to seriously impair its potential strength. Even should pneumonia not ensue, the mechanical strain of the bronchitis, especially if it leads to atelectasis and emphysema, and to repeated violent attacks of coughing, is capable of seriously damaging the degenerated right ventricle, the dilatation of which aggravates the already existing congestion; (5) should such dilatation lead to relative tricuspid insufficiency, this is not to be regarded as a sign of danger per se, since it is in reality a safety valve which for a time protects the ventricle from disastrous overdistention. The tricuspid regurgitation is a criterion of the degree of mechanical strain to which the ventricle is subjected; (6) such safety valve action not only furnishes a brief respite to the patient from the death threatening him, but affords to the physician a little longer interval in which to battle for victory, while it, at the same time, indicates the necessity of relieving dangerous congestion by cathartics, possibly also venesection, and cardiac tonics.

**Circular Insanity.**—Dr. Richard Dewey reported a case of circular insanity which he had studied clinically, differentially and medico-legally. In this case there were five successive cycles of manic-depressive psychoses which occurred with considerable regularity. The later phases were more regular, and mental deterioration was gradual. He spoke of a re-

markable succession of legal contests which were conducted by the patient himself, the patient subsequently dying of typhoid fever.

**Examination of the Brain.**—Dr. Thor. Rothstein presented a report covering the examination of the brain in this case, both gross and microscopic. He exhibited drawings and photographs. Examination of the brain disclosed structurally a normal state. The findings were not characteristic of any organic or degenerative change in the brain.

**Anchylostoma Duodenale.**—Dr. Joseph A. Capps reported a case of *Anchylostoma duodenale*. He gave the life-history of the parasite, described the modes of infection, and demonstrated specimens illustrating different phases of development, and then discussed the diagnosis and treatment.

#### CANADA.

**Appointment.**—Dr. Fiset of Quebec has received the appointment of Staff Adjutant of the Army Medical Corps of Canada and will be located at Ottawa.

**Montreal Citizens Organising to Combat Tuberculosis.**—A meeting was held on the afternoon of Nov. 20 in the rooms of the Medico-Chirurgical Society of Montreal, for the purpose of considering what steps should be taken to control the spread of tuberculosis in that city. A strong committee was organized with Dr. E. P. Lachapelle as chairman, and on this committee will be associated with him Professor Adami and Dr. A. J. Richer. A public meeting will be called shortly when the Governor-General, Lord Minto, will be present and occupy the chair.

**Scarlet Fever in Montreal.**—Montreal is likely to be brought to its senses in a very forcible manner with regard to the erection of a new contagious diseases hospital. For years the council has been dilly-dallying with this question, the stumbling block being the desire of the Catholics for a separate hospital from the Protestants. Last winter there was quite an extensive outbreak of smallpox and the Civic Hospital had to be used for the reception of these patients. This necessitated using an ordinary dwelling-house for cases of scarlet fever and diphtheria. The only accommodation Montreal now has for cases of this character can only provide for the handling of 25 cases, without mentioning the new wing at the Royal Victoria Hospital. Already there are 18 cases of scarlet fever in this temporary hospital; and as the disease in a very severe type is gaining headway in the city, it will be important for the council to act and to act speedily if they wish to avert a very severe epidemic.

**Montreal General Hospital Quarterly Meeting.**—The regular quarterly meeting of the Board of Governors of the Montreal General Hospital was held on the afternoon of Nov. 19. The treasurer presented a financial statement which, while though usual, was not at all satisfactory to the friends of the institution. From it appears that the receipts for the past quarter amounted to something over \$17,000 while the expenditure totaled over \$23,000. For the first nine months of the current year the receipts have been a little over \$67,000 and the expenditure something over \$74,500. This indicates the necessity of again appealing to the friends of the institution for financial aid. An anonymous subscription of \$3,000 was received during the quarter for the endowment fund. This brings that fund up to \$43,500. The report of the medical superintendent showed that during the quarter 743 patients against 720 in 1901 had been treated. In the outdoor department the patients numbered 8,301 as against

7,638 in 1901. The number of patients remaining over three months in the hospital has averaged six.

**Committing Sane People to Asylums in Ontario.**—The charge has been made by the provincial secretary of Ontario under whose department are the asylums of the province, that within the past few months there have been five persons committed to various asylums in Ontario who were not insane, and therefore, on the advice of the medical superintendents, they had been released. This is a rather serious charge, as it means, if true, that there are 10 medical practitioners in the province who have been guilty of a grievous wrong to their patients. Dr. A. McKinnon of Guelph, a past president of the Ontario Medical Association, has taken up the matter and in a letter to the public press, asks for the proof of the statement that these people were not committed properly, and shoulders upon the provincial secretary the responsibility of an investigation, as if he believes the charge to be true, the matter ought to be brought to the attention of the Discipline Committee of the Medical Council for that body to deal with. It will not do for ten practitioners to lie under so serious a charge without an effort to clear themselves of such a calumny.

**Obituary.**—Dr. J. A. Ferguson, the hero of the disastrous fire which destroyed the Laurentian Sanatorium at Ste. Agathe des Monts, near Montreal, died at the residence of his brother in Ottawa on the morning of the 19th of October. It is only a few weeks ago since Dr. Ferguson received the Humane Society's medal for conspicuous bravery in rescuing many of the patients at the time of the fire.

#### GENERAL.

**Psychopathic Hospital at Ann Arbor.**—Three new buildings are being erected near the university hospital, Ann Arbor. One, the psychopathic ward, is to cost \$50,000. The appropriation was obtained from the State Legislature largely through the efforts of Dr. William J. Herdman. The first stages of insanity will be studied here. The State has provided for the maintenance of the ward.

**International Congress.**—The American Committee of the Fourteenth International Congress of Medicine announces that blank forms of application addressed to the Bureau des Logements in Madrid, forms of application for those who desire to read papers at the Congress, as well as other literature bearing on the subject may be obtained upon request from the Secretary of the Committee, John H. Huddleston, M.D., Secretary, 126 West Eighty-fifth Street, New York City.

**Long Life to Quackery.**—An apotheosis of human credulity has just been pronounced in an important opinion of the United States Supreme Court in the case of J. H. Kelly and the American School of Magnetic Healing of Nevada, Mo., against J. M. McAnnulty, postmaster at that place, to prevent the latter from executing the "fraud order" issued by the Post-office Department against the delivery of mail to that institution. The effect of the decision upon the attitude of the Department in the matter of protecting the mails from fraudulent use practically declares the broad principle "for the public good" to be inoperative where the fraudulent character of the scheme is a matter of opinion and not of fact, and lays down the principle that the efficacy or effect of certain medical or healing treatment is purely a matter of opinion and not of fact and clearly outside the powers of the Postmaster-General to determine. The right of the courts to review the actions of the executive departments in such matters is also estab-



lished by the decision overturning the present practice.

**More Diet.**—Dr. Ralph Grace of Battle Creek, Mich., "an authority on health foods," is lecturing on "The Proper Diet." According to The Sun he tells the members of the South Side Club of Chicago that they "must either lose their appetite for ice cream and bonbons or lose their complexion." Hear the old—or exceeding young—dogmatists! The South Side "clubwomen" can tell him that they have arranged a *modus vivendi* between candy and complexion. Both may be regarded as indispensable. It is probable enough that Dr. Ralph Grace nibbled chocolate on his way home to Battle Creek. Doctors are great fellows to direct the diet of other folks, and a good deal less careful about their own. It is the doctor with a "large plate of wheats" inside of him who is the sternest foe of hot cakes. It is the doctor with a fat cigar case in his pocket who is the quickest to make the foolish, tiresome and uncalled-for remark: "You must leave off smoking altogether."

**Intemperance Among Women.**—Female intemperance was the subject of a meeting that was held in London recently, writes the Evening Post. Sir T. Barlow, physician to the King, spoken of in our London Letter of recent date, expressed the opinion that among the educated classes the grosser forms of drunkenness had greatly diminished, but the broad fact remained that intemperance was one of the greatest national crimes and one of the greatest hindrances to national efficiency. One of the special features of female intemperance was secret drinking, and among the chief causes of it was lack of occupation, sorrow, and worry, bodily weakness, and the various forms of pain which were temporarily relieved by alcohol. They heard a great deal about heredity as a cause of drunkenness. It was true that there might be some cases of what seemed to be inherited drink craving, but they were sufficiently rare. It was an axiom that drunkenness, though it became a disease encouraged by self-indulgence, and even though heredity played a part as one factor, should be treated primarily and throughout as a sin. Intemperance among women had a striking effect upon the nervous system. The type of illness due to drink resulting in paralysis was much more common in women than in men. The Bishop of London said that, even during the short period of his 18 months' residence in the west of London, he had had case after case brought before him of the ruin wrought among women by alcohol and morphia. The morphia habit seemed to be growing among women, and it appeared that when once the craving was indulged in there were no lies or devices that a woman would not go through to get what she wanted. He also spoke of the enormous mischief done among the working girls of the eastern districts of the metropolis by the "spirit clubs," organizations for the collection of funds to be expended upon stimulants for consumption at Christmas time and upon other holidays.

**Some Mythical Plants.**—At the last *conversazione* of the Royal Society, says the Evening Post, Prof. Wyndham Dunstan showed a collection of plants used in medicine which are poisonous in the natural state or under certain conditions. Among them were various species of *Hyoscyamus*, including *H. muticus*, described as "a common weed in the Egyptian desert, probably the *Nepenthes* of Homer." Thus we have a semi-official pronouncement upon a question much debated. Two thousand years ago, when the professors of the Alexandria University began to read

Homer critically, they asked what *Nepenthes* might be, and we are still speculating—those who feel an interest in such Old World puzzles. Moderns generally cut the Gordian knot by assuming that the poet meant nothing in particular; his account of *Nepenthes* was just an item in the fairy tale of the *Odyssey*. Some of those antique commentators mentioned took the same view. But it was and is indignantly rejected by enthusiasts. For them any statement of fact made by Homer represents the belief of the time, if not always a positive truth. He invented nothing in the way of folklore—at most he embroidered. *Nepenthes*, therefore, was a real drug, which Helen mixed with the wine to cheer her husband's guests. The arrival of Telemachus had recalled the sorrows of the return from Troy, and she would put off care to the morrow. The effect is described in terms which would apply to opium or hasheesh, Indian "bhang" or Siberian fungus. But it would not apply to any *Hyoscyamus*, unless with extreme exaggeration. Most people will think, however, that this is not a grave objection. In historic times the Greeks used *Hyoscyamus* as an anesthetic—experts have identified it among the interesting records of "cases" discovered some years ago in the ruins of the Temple hospital at Epidaurus. The British variety of the plant was appreciated by "wise women" and herbalists, especially at childbirth. The Egyptian species is more effective, no doubt, since we are told that it is "now exported for making hyoscyamine, used in medicine"; and Homer states that Helen had learned the virtue of her potion in Egypt. There is another bit of evidence. Sir Henry Halford first suggested *Hyoscyamus*, because he observed that the druggellers of Constantinople call the plant "*Nebensch*." Certainly that word is as like "*Nepenthes*" as could be expected at the present day if derived from it. In the Morea, also, it is the recognized name of *Hyoscyamus*. Perhaps we may take it that the little problem is solved. But it is not to be hoped that the amiable fanatics who have an odd explanation of their own devising, such as tea, coffee, or improving conversation, which have actually been urged, will accept this easy solution. But Homer left us another puzzle of the same sort, even more renowned. What was his *Lotus*, or what did he mean? If the incident be metaphorical, there is, of course, a boundless field for speculation; some critics who have interpreted it in that sense abused their privilege, all the same. But ordinary mortals take it for granted that Homer was referring to a substantial fruit of some kind. The ancients thought *Lotus* such a blessed word that they bestowed it on a tree, a shrub, an herb, and an aquatic; resolved, perhaps, to identify the genuine article in one class of vegetables or another. Three of these titles we still recognize, but applied to a species only. The aquatic, however, *Nelumbium speciosum*, is not to be seriously considered, and the herb is no less than ridiculous. In Switzerland it is valued for flavoring the eccentric cheese called *Schabzeiger*—what a fall!—from the epic to the cheese press! The fruit of the tree is not regarded as edible nowadays. The shrub, however, remains, and this it was, no doubt, which Homer had in his mind.

**Changes in Medical Corps of the U. S. Navy.**—Week ending November 22, 1902. Surgeon W. R. DuBose, ordered to the navy yard, League Island, Pa., for duty in connection with fitting out the Maine, and ordered to the Maine, when that vessel is placed in commission. Passed Assistant Surgeon T. W. Richards, detached from the bureau of medicine and surgery, Navy Department, and ordered to

the Arkansas. Passed Assistant Surgeon E. O. Huntington, unexpired portion of sick leave revoked; ordered to the naval hospital, New York, N.Y., for treatment. Passed Assistant Surgeon W. H. Butcher, sick leave extending one month. Assistant Surgeon C. M. Oman, detached from the naval station, Cavite, P. I., and ordered to duty at Port Isabela, P. I.

**Dental Inspection of Schools.**—In certain schools in Denmark periodical inspection of the scholars' teeth is made. A movement is also on foot in Germany to obtain such inspection for school children; though in that country gratuitous treatment is given the diseased teeth of those attending the lyceums.

**War Upon the Plague in Odessa.**—To check the propagation of the plague through rats, the municipal authorities of Odessa have made the extermination of those animals obligatory to all householders. To further this end, the Bacteriological Institute of Odessa offer, for 60 kopecks (2 francs), half a liter of a culture of rat-septicemia, sufficient to impregnate a kilogram of bread; this is to be given gratuitously to the poor, upon a physician's order.

**Mental Status of Mendicants.**—A recent study in Breslau of 400 mendicants has brought out the following points: In one-half of the cases the existence of neuropathic hereditary influence was proven, such as alcoholism (29 in 100), epilepsy, hysteria and various psychoses. Intellectuality was found to be very low, 53 in 100 not having attained primary instruction. In one-third of the cases, arrested development, congenital or post natal, was found, with imbecility and epilepsy. Acquired maladies were noted in the proportion of six in 100, prominent among which was general paralysis. The greater part of the subjects examined were habitual drinkers, and chronic alcoholism was seen in 60 out of 100.

**A Large Fee Offered to Dr. Lorenz.**—Dr. Lorenz, the Vienna surgeon, left St. Louis Monday for Chicago, where he will examine Miss Lolita Armour again before going on to New York. John Kearney, editor of the *Modern Miller*, offered the specialist, in the name of a wealthy St. Louis business man, any sum he would name to remain in St. Louis a few days longer. Dr. Lorenz, through his assistant, Dr. Mueller, replied that he could not stay here any longer, even if \$100,000 should be paid to him. The Vienna surgeon examined 50 children and recommended his treatment in the majority of cases. All the children on whom he has operated while here, he says, should be cured eventually.

**Monument for Rudolf Virchow.**—The German Committee in charge of the celebration in honor of Rudolf Virchow's eightieth birthday, Prof. Waldeyer, Chairman, Prof. Posner, Sec., has begun collecting funds for the purpose of erecting a monument in memory of that great and unique man and physician. The undersigned are anxious and ready to receive contributions which will be duly acknowledged. Frank Billings, President of the American Medical Association, 100 State St., Chicago, Ill.; Thomas D. Coleman, 505 Green St., Augusta, Ga.; A. Jacobi, 19 East Forty-seventh St., New York City; W. W. Keen, President of the Congress of American Physicians and Surgeons, 1729 Chestnut St., Philadelphia, Pa.; Wm. H. Welch, 935 St. Paul St., Baltimore, Md.

**Obituary.**—Dr. Frank Livermore, who died in this city last week, was a graduate of the University of Paris, of the class of '68. He was a member of the Reform, New York Athletic, and University of Paris Clubs, and the Century Association, and of Lafayette Post, Grand Army of the Republic.

Major Walter Reed died last Sunday at the Army General Hospital, in Washington. Major Reed was born in Harrisonburg, Va., and entered the army in June, 1875, as an assistant surgeon. He was a graduate of the medical department of the University of Virginia and of the Bellevue Hospital Medical College of New York. In the Spanish-American War he was a member of the commission which investigated the cause of the typhoid fever epidemics in army corps of the United States. In 1900 he went to Cuba to make a study of yellow fever; and as a result of exhaustive observations and experiments he became convinced that the mosquito was the generator of yellow-fever germs. His official report on the subject demonstrated to the satisfaction of the medical department of the army and medical men generally that his theory was correct. Major Reed's proof of the truth of Finlay's early conjectures created a great sensation in the medical world, as up to that time it was believed that yellow fever was contagious.

Major Reed has been regarded as one of the half dozen most prominent bacteriologists in the world. Since his return from Cuba he has been stationed at the Army Medical Museum as curator, and has also been professor of bacteriology and pathology in the army medical school and lecturer on those subjects in the Columbian Medical College of this city.

Major Reed was fifty-one years of age. He became ill eight days ago, and on Tuesday last was operated upon for an abscess of the vermiform appendix. From this operation he never rallied. The *Evening Post* gives the following appreciative comment:

"By the death of Major Walter Reed of the Medical Department, both the army and the science of medicine have suffered. A bacteriologist of note, his researches in Havana into the transmission of the yellow-fever germs by mosquitoes led to the first positive establishment of a theory which had for some time been under investigation both here and abroad. His demonstration of its correctness was one of the greatest triumphs of medical science. Working with Major Gorgas, Major Reed was able to purge Havana of the dread disease which had scourged it for centuries, and had made it a menace to neighboring nations; indeed their joint work is perhaps the most creditable American achievement in Cuba.

In the course of his experiments, Major Reed showed himself one of the true heroes of peace, and risked his life freely in the pursuit of truth and knowledge, in the search for which a comrade, Dr. Jesse W. Lazear, gave his life. To a similar investigator, also a military-medical man, Major Ronald Ross of the Liverpool School of Tropical Medicine, will be awarded, it is reported this morning, the Nobel Research Prize of \$15,000. Much as Major Ross has done in the investigation of malarial fevers, nothing that he has discovered is comparable, so far as immediate practical results are concerned, to the achievements of Major Reed. It seems a contradiction in terms that an army officer should deserve fame for saving human lives, but there can be no doubt that Major Walter Reed's name should be placed high upon the army's roll of honor for all time. In Europe, decorations, a title, pecuniary rewards, and scientific distinctions of all kinds would have been showered upon him. Here the recognition of his fellow scientists was Major Reed's sole reward, save the consciousness of having added his quota to the sum of human knowledge."



## CORRESPONDENCE.

## OUR LONDON LETTER.

(From Our Special Correspondent.)

LONDON, November 15.

**BIRTHDAY HONORS—THE DESCENDANT OF A MEDICAL BARONET IN THE WORKHOUSE—THE X-RAYS AS A CAUSE OF CANCER—HISTORIC CASES OF LARYNGEAL SURGERY—THE ESTABLISHMENT OF A BRITISH HOMEOPATHIC ASSOCIATION.**

THE list of "Birthday honors" appeared on Nov. 10, and the medical profession is considerably disappointed at the meagerness of the recognition accorded to its members. Few doctors of any kind have been decorated, and among them are only two whose names are known even to local fame. Moreover, the decorations given are not only poor in quantity, but the reverse of brilliant in quality. Mr. Power, Principal Medical officer to the Local Government Board, who has been made a Companion of the Bath, is a first-rate official and has done much laborious research work as to the influence of smallpox hospitals on the dissemination of the disease in their neighborhood. To him we owe the theory of aerial convection which is now the official creed of the Local Government Board, which, whoso, etc., *anathema sit*. The decoration, which carries no title with it, is almost an insult to such a man. What the aristocracy thinks of it may be gathered from the following passage which I have come across in a book just issued. The author is Mr. G. W. Russell, a scion of the ducal house of that name and he is speaking of the old-fashioned Whigs among whom he was brought up:

"The idea of buying a baronetcy would have been thought simply droll, and knighthood was regarded as the guerdon of the successful grocer. I believe that in their inmost hearts the Whigs enjoyed the Garters which were so freely bestowed on them, but they compounded for that weakness by unmeasured contempt for the Bath."

It must seem to you passing strange that any human being should care to have the privilege of appending the letters "C.B." to his name, for a simple decoration, is not like a title which at any rate has a commercial value among those whom Warburton called the "better vulgar." Dr. F. W. Hewitt who gave the King the anesthetic at the operation performed by Treves in June has been made a Member of the Fourth Class of the Royal Victorian Order. There is, I believe, a Fifth Class of this illustrious Order which, it is said, the King not long ago bestowed on his bootmaker. It must, therefore, be a consolation to Dr. Hewitt to reflect that the King might have delighted to honor him even more cheaply than he has actually done.

Almost coincidently with the announcement of the Birthday Honors comes a sad tale which may serve as a commentary on the futility of such distinctions. Part of the story is told in the following extract from the *St. James's Gazette* of November 14:

"The Settlement Committee of West Ham Guardians have reported upon the cause of Sir W. G. MacGregor's destitution. His father died suddenly, and there were no settlements on the title. His occupation was formerly that of an Army tutor and family companion, but of late years he had been dependent upon a brother, a brigadier-general in the Indian Army, who died in June last, and at whose death the allowance ceased. None of Sir William's relatives are legally liable for his maintenance, but he has three sisters, one of whom is endeavoring to make arrangements for his discharge from the workhouse in about three weeks' time."

This is the end of an "honor" bestowed by a former

sovereign on a member of the medical profession. Nowadays it is customary before a hereditary dignity, such as the baronetcy is, to ascertain whether the person whom it is proposed to honor is able and willing to settle on his eldest son a sum sufficient to enable him to maintain his rank. I do not know that there is any fixed rule as to the amount, but it is generally understood that enough to yield an income of \$10,000 a year is required. It is not many, even of the most successful, physicians or surgeons in this country who can do that. Hence baronetcies are more freely given to men who, like Sir Frederick Treves, have no son. Sometimes a baronetcy is offered but declined for financial reasons. To a knighthood no such hampering conditions are attached, but it is not generally known even in this country that for the plain title of "Sir" not transmissible to posterity, fees to the amount of more than \$750 have to be paid. I know of a case in which the honored one had to ask for time to pay the dues before he could accept the dignity. Part of these fees go to the Crown, but the greatest part of them is shared by officials of the *Heralds' College* and other fossil remains of the feudal system.

The death of Dr. Blacker who cured the King of a rodent ulcer and soon afterwards himself died of epithelioma was even more tragic than in a previous letter it was described to have been. There appears to be reason to believe that the disease which caused his premature death was due to X-ray dermatitis. While manipulating the apparatus he is said to have received a severe burn on one of his fingers; the dermatitis gradually spread up the arm, and in its track malignant growths developed, first near the elbow and afterwards in the axilla, finally involving the whole of the shoulder. Amputation at the shoulder joint was contemplated, but the rapid extension of the disease deterred Sir Frederick Treves from attempting operative intervention. I hear that this is not the only case in which the origin of malignant disease has been traced to the X-rays.

The recent death of Eugen Hahn, the Surgical Director of the Friedrichshain Municipal Hospital, Berlin, recalls a famous case in the history of laryngeal surgery. In 1885, Mr. Montagu Williams, an English barrister, whose services were most eagerly sought for in every criminal trial, began to suffer from gradually increasing hoarseness. He was for some time under the treatment of the leading specialist in throat disease of that day, but his voice continued steadily to fail. In April, 1886, having by that time become almost aphonic, he consulted Dr. (now Sir) Felix Semon, who found a growth having the appearance of a papilloma springing from the left ventricle of Morgagni and completely covering the vocal cord on the same side. Microscopic examination of a fragment removed with forceps seemed to show that it was a simple papilloma; but the examination of a fragment removed a few days later proved that it was an epithelioma. Mr. Montagu Williams, in a book entitled "Leaves of a Life," which he afterwards wrote, gave a thrilling description of his feelings when the true nature of his ailment was made known to him. He decided, however, at once to place himself in the hands of the surgeons, and on being shown the statistics of various surgeons who had performed an operation which was then in its infancy, he picked out Hahn from the list, saying "That is my man!" Accordingly Hahn came to London and performed what proved to be one of the most successful operations of the kind on record. Montagu Williams recovered his voice to such a degree that he thought of returning to his work as an advocate. From this he was dissuaded by his advisers, but he accepted the

office of police magistrate in London, a position which necessarily involves a considerable use of the voice under somewhat trying conditions. He was a most active and successful magistrate till he became disabled by organic heart disease, of which he died more than six and a half years after the operation, without a trace of recurrence of the cancer in the throat. Montagu Williams's case was almost identical in nature with that of the Emperor Frederick, which occurred a year or two later, and it is at least permissible to conjecture that had the same operation been performed in accordance with the suggestion of the German surgeons, Frederick the Third might still be seated on the throne of the Hohenzollerns. By an unlucky coincidence the medical oracle of whom Montagu Williams had in the first instance sought counsel in vain was appealed to by the Empress Frederick, and it was owing to his influence that temporizing instead of drastic measures were adopted. For this he was severely criticized not only in Germany but by the medical profession of his own country with whom he had for years been very unpopular. He wrote an *apologia* which brought him under the ban of the Royal Colleges of Physicians and Surgeons, of which he was a member, and a career that might have been a brilliant one, ended in comparative obscurity. It may, however, be pleaded in mitigation that both in his treatment of the case and in the publication of a defence, which was, in fact, a bitter attack on his German colleagues, he was directly instigated by the Empress Frederick. She considered it of the utmost importance for political and personal reasons that her husband should sit on the throne of Germany if it were only for a single day; and she was convinced that if he were left to the mercies of surgeons whom she believed to be mere tools in the hands of Bismarck, he would not leave the operating table alive. The English physician who risked his reputation and even his professional existence in the service of a member of our own Royal family soon learned to realize the meaning of the advice "Put not thy trust in Princes." Till the fatal book appeared he was in favor with our present gracious sovereign who condescended to consult him about his own august throat, and assured him that he did not drink as his brother "the Duke" (of Saxe-Coburg) did. But when the storm broke he was at once thrown overboard, and no further notice was taken of him.

A British Homeopathic Association has recently been formed "for the Extension and Development of Homeopathy in Great Britain." The circular announcing this important fact after pointing out that "hitherto no national organization has existed for the furtherance of national requirements in the extension of British Homeopathy or for keeping pace with the increasing modern necessities for the development of Homeopathic Science and Art" goes on to say that "at present the number of homeopathic medical men in Great Britain is far below the demand." "This factor," it is added, "is the most serious in the existing situation." From the homeopathic point of view it is certainly serious, for it means in plain language that the homeopathic cult is languishing into decay. The statement that the demand for homeopathic practitioners is far greater than the supply shows that the homeopathic brain is as impervious to political economy as it is to rational medicine. The aim of the Association is to found a medical college for the systematic training of medical men in the practice of homeopathy, and to establish an examining body of their own. They wish, in fact, to cut themselves completely adrift from the orthodox profession. I see that the Bavarian Government, under the influence of a retrograde minister, is contemplating the foundation of chairs of homeopathic medi-

cine in the universities of that kingdom, and it would be rash to predict that the Homoeopathic Association here may not succeed in its aims. The prophet Hahnemann has many disciples, chiefly among peers and parsons, in this country. Homeopathy, however, is not a subject on which a British Government is ever likely to stake its existence; and the British public will not easily be roused to take an active interest in its cause.

## TRANSACTIONS OF FOREIGN SOCIETIES.

### British.

EXOPHTHALMIC GOITER—PREVENTION OF TYPHOID FEVER IN ARMIES—A STRANGE CASE OF POISONING—A NEW OPERATION FOR UMBILICAL HERNIA—LEUCOCYTOSIS IN RICKETS—KRAUROSIS VULVÆ—AN UNUSUAL CASE OF UMBILICAL HERNIA.

THE meetings of the medical and scientific societies of Great Britain during the past month listened to a number of very important papers. From the many the following few are given in abstract for the interest of our readers:

G. R. MURRAY, at the Royal Medical and Chirurgical Society, Oct. 28, 1902, made observations on exophthalmic goiter, based on 120 cases—110 cases were women and 10 were men, or a proportion of 11 to 1. The onset was nearly always insidious, and the age of onset was therefore difficult to determine, but the disease had most frequently started in the earlier decades of life, the greatest liability to the disease existing between fifteen and thirty-five years of age. In some of the cases there was a history of the complaint in the family, but this was not invariable. Recent events producing powerful emotions had acted as exciting causes in some cases. The first symptom most commonly noted was the thyroid enlargement. In one case the goiter had been present 34 years and in another 32 years before the onset of other symptoms. In 27 cases the enlargement was noted as "slight" in 36 cases as "moderate" and in 20 cases as "considerable." The frequency of the pulse was distinctly increased in all the cases, in half the cases it was between 120 and 150 per minute. Cardiac murmurs were often present, and the different varieties of murmur were referred to. Exophthalmos, though usual, was absent in one-quarter of the cases. Restlessness and various nervous symptoms, such as suppressed excitement, hallucinations and excitement and insomnia were also frequent. Paroxysmal exacerbations of these and other symptoms occurred in a considerable number. In 76 of the cases an unusual dampness of the skin was noted. Rapid respiration was met with in some instances. Diarrhea or an increased frequency of defecation was by no means uncommon. The condition of the urine was only noted in 19 cases, and in four of them there was a trace of albumin. The prognosis of the disease was uncertain. The course, as a rule, was very slow, but two rapid cases were referred to, one of which died. Out of 40 cases seen from time to time, seven died, two remained stationary and 31 progressed favorably. The treatment was briefly referred to. Rest in bed was advocated, and the Weir-Mitchell treatment was stated to be of great service. Faradic electricity gave relief and in some cases resulted in improvement. Dr. Murray had been disappointed in the use of belladonna. Extracts of thymus and suprarenal glands had both been of service.

Dr. H. E. L. CANNEY read a paper on the Prevention of Typhoid Fever in Armies before the Medical Society of London, Oct. 27, 1902. It is well-known, he said, that the diseases which decimated armies were those which affected the intestinal tract—typhoid fever,



dysentery, cholera and diarrhea. The evils incidental to these diseases had been to a large extent tacitly accepted as unavoidable by the War Office and the public. Instances of this apathy were given. The present communication was limited to the subject of typhoid fever and the conditions under which the disease was conveyed were discussed. The bacillus could not, as a rule, be recovered from the dry soil after an interval of from 20 to 30 days or after a fall of rain. That dust or flies could give rise to an epidemic of typhoid fever in a camp with properly organized latrines was highly improbable. Nor could the theory of contagion be maintained, though the disease often spread to attendants on the sick. The main avenue of the introduction of the bacillus into the human body was undoubtedly the water-supply. No scheme of prevention could be made efficacious which did not include a very thorough reform in the water-supply of armies. So important was this that it was necessary to rouse the interests, or even the enthusiasm of all concerned, the common soldier, his officers, the War Office, and the public, in order to secure this end. Epidemics of enteric fever at Suakin, Quetta, in Egypt, and other places were referred to, and the improvement which had taken place in the death-rate in various places when the water-supply was improved were quoted. The conclusions which Dr. Canney had arrived at were that the weight of evidence from India, Egypt and South Africa was in favor of the paramount importance of the water-supply in the production of typhoid fever, especially at the onset of epidemics, and that the spread of the disease by the subsidiary channels—flies, dust and contact—only become factors of any importance under conditions of the grossest neglect of sanitation. An instrument was exhibited by which it was claimed 50 men could be supplied in nine minutes with as much sterilized water as they could drink.

Dr. MACALISTER, at the Liverpool Medical Institute, Oct. 23, 1902, related a case of Strange Poisoning in an Attempted Suicide. The patient was an elderly man who swallowed a teaspoonful of what he thought to be crude carbolic acid. It was a non-corrosive disinfectant, having an odor resembling creolin, and the symptoms which it produced were abdominal pain, congestion and cyanosis of the face, drowsiness and mental hebetude. The patient had considerable difficulty in understanding what was said to him. The heart and lungs were normal. The pulse was 90, regular, but small. The respirations were 24. On the day following his admission it was noted that his complexion was dark, and of an olive green tinge. The breath had a creolin-like odor. His drowsiness continued in a lesser degree. No blood was evacuated either from the stomach or the bowels. The urine was now very dark in color (like porter); it contained no albumin and was of specific gravity 1.029. The elimination of this foreign substance took place through the kidneys and the urine, after remaining very dark for three days gradually became lighter and lighter in color, the specific gravity falling with the diminished coloration. It was always acid, never contained albumin, never seemed to have any irritative action on the renal epithelium. The interest of the case depended on the fact that the man's blood was drenched with an antiseptic which took six days to become entirely eliminated, and the urine which he passed had remained undecomposed and entirely free from micro-organisms, although it had been lying tightly covered in a wide-mouthed bottle for 13 months. Dr. Macalister suggested that there were some diseases in which they would like to saturate the blood in this way, and if he could be certain of the nature of the substance which this man took with the purpose of doing himself a grievous harm, he would

feel very much inclined to administer it in considerable doses. Unfortunately the patient had carefully washed out the vessel which had contained the poison and which had been lying unlabeled in his possession for a long time, and it was impossible to obtain any certain evidence concerning its nature.

T. THOMAS read a paper on an Operation for Umbilical Hernia. He used the transverse incision and always incised the greater part of the skin covering the hernia. The neck of the sac was now freed and the sac explored through an incision near the exit from the abdomen. The omentum was at once tied off and the stump returned into the abdomen; a free cutting up of the hernia was next easy and bloodless. The gut was next dealt with, and the sac containing the adherent omentum cut off. The stump of the sac was clamped in a transverse direction and closed by continuous silk suture, leaving at each end a length of silk. A place was prepared for it in the extra-peritoneal tissue above the aperture in the linea alba, into which it was drawn by threading the silk ends through the abdominal aponeurosis and suturing them finally into the aponeurosis. The aperture in the linea alba was drawn taut in a transverse direction by strong tractors, the margins were notched freely with scissors, and held together by mattress sutures, so that the suture line was transverse. The skin wound was closed transversely and a small glass drainage tube passed through an independent puncture. He had performed the operation in 19 cases, some of large size with recurrence as yet in one only, and in this the silk had been infected during operation and suppuration set in.

Dr. E. CAULLEY, at the Society for the Study of Disease in Children, Oct. 17, 1902, showed a moderately rickety boy, aged 13 months, with great enlargement of the spleen and some enlargement of the liver. Leucocytosis was a feature of the case. Five weeks of hospital treatment failed to benefit him. He was discharged and quickly readmitted with numerous petechial hemorrhages and numerous myelocytes were found in the blood. He improved and was discharged in six weeks' time. When shown the spleen was still very large, but he was not anemic. Dr. R. Hutchinson thought the case must be placed in that group of anemias associated with the splenic enlargement which was quite peculiar to children, and which might be termed the "splenic anemias of infancy." He had never seen more than from 10 to 13 per cent. of myelocytes in the blood, and when there was a large number of these corpuscles, the patient fared badly. Microscopically, as far as his experience carried him, all that could be seen was a general increase of the fibrous tissue, a condition common to many splenic disorders.

Dr. A. DONALD, at a meeting of the North of England Obstetrical and Gynecological Society, Oct. 17, described a case of Kraurosis Vulvæ. The patient was a single woman, aged sixty-two years, who had ceased to menstruate 17 years before. The symptoms, which had existed for two years, had been at first severe pruritis vulvæ, followed by pain at the vaginal orifice. There had been slight loss of flesh for three or four months. Examination of the urine failed to detect sugar. Vulval examination revealed a raised, hard, flattened inner surface of the right labium and extending slightly into the vagina. There was extreme atrophy of the skin and mucous membrane. The external genitals had so shrunk that the vagina would not admit the little finger. The skin was pearly white, and tore readily. The uterus and vagina were found to be double, the septum extending to the hymen, which was intact. The whole of both labia, including the nodule, were excised. Dr. Donald remarked on the rarity of the disease, and on its diagnosis from senile atrophy

and pruritus vulvæ. It also seemed to have some relation to malignant disease. Microscopical sections were shown.

Dr. E. S. BISHOP, at the meeting of the Clinical Society of Manchester, Oct. 21, 1902, presented notes of a case of large Umbilical Hernia, radically cured by an operation in April, 1901. The points of interest in the case were, first, the length of time, 17 years, during which the hernia had existed, the adhesion of a large portion of the transverse colon to the sac into which it had been extruded, and the capacity of the abdominal cavity to receive and retain it after reduction; and, secondly, the method of closure of the large opening by union from above downwards, instead of from side to side. This maneuver improved at the same time a marked enteroptosis. Mr. Bishop also showed a patient upon whom Radical Cure of Inguinal Hernia had been performed by him 11 years ago. The patient had since entered the army and had served in India for several years, during which time no support of any kind had been worn. The result was perfect at the present time. Mr. Bishop emphasized again the prime necessity of excluding the true causes of chronic hernia, which are never produced by accident, before operation, in such cases, if a permanent result is to be obtained.

#### OLFACTORY AURA IN EPILEPSY.

To the Editor of the MEDICAL NEWS:

DEAR SIR: On reading the discussion before the New York Academy of Medicine in the NEWS of 25th inst. as the "Essential Symptoms of Epilepsy," I thought it might be interesting to mention a case that has been under my observation for years showing that suddenness is surely not an absolutely essential symptom. I have had under observation for years a man who can tell for a week or ten days previously of an impending attack of epilepsy by an olfactory aura, frequently described as the smell of pitch or tar. The intensity of the smell increases till almost unbearable, when violent epileptic attacks supervene, followed by post-epileptic mania lasting for days and sometimes weeks.

The patient was rather advanced in years when the attacks began but is still living, although somewhat mentally weak.

Until age prevented he could do hard work as a blacksmith during the intervals, sometimes lasting for months.

JOSEPH BENSON, M.D.

Chatham, N. B. (Canada).

#### RESTRICTION OF TUBERCULOSIS.

To the Editor of the MEDICAL NEWS:

DEAR SIR: Replying to Dr. F. C. McGahey's plea for the non-restriction of consumptives, under the title "How Much Do We Positively Know About Tuberculosis?" in your issue of Oct. 1, allow me to point out to him part of the first abstract on page 697 of the same issue. "...Hoffman, who found the tubercle bacillus in the dejecta of flies from the wards of a hospital for tuberculous patients, and who subsequently produced tuberculosis in animals by inoculation of a triturated preparation of such flies."

It seems to me that we positively know the following regarding tuberculosis: (1) The disease is caused by a definite bacillus; (2) this bacillus is uniformly found and usually in enormous quantities in the discharges from tubercular foci; (3) the bacillus requires no intermediate stage of preparation after leaving the body, before it becomes infectious; (4) while certain

species of animals are apparently absolutely immune, and while there are some experiments that suggest that, in some conditions, one species of animal can not be infected by tubercle bacilli from another species—or, a fortiori, from another genus or larger group—there is absolutely no question that human beings are susceptible to bacilli from human sources.

All writers who take the stand assumed by Dr. McGahey practically demand that the bacteriologist, examining the sputum or other infected discharge from John Doe shall demonstrate a tag on the bacilli, bearing the words, "I came from Richard Roe's lung." It is not to be expected that the exact, personal source of tuberculosis, a common, air-borne and slowly developing disease, can always or even frequently, be traced to a particular source, as can pregnancy, gonorrhea, measles, scarlet fever and other conditions and diseases. I appreciate most heartily, any display of sympathy for a sick man or woman and for the family. Let us decide once for all whether we shall be governed by such sympathy for the individual case or whether we shall show our sympathy by anticipation, and try to prevent such disasters. Having decided, let us follow the same rule for one infection as for another.

A. L. BENEDICT.

#### SOCIETY PROCEEDINGS.

##### NEW YORK ACADEMY OF MEDICINE.—SECTION ON ORTHOPEDIC SURGERY.

Meeting of October 17, 1902.

George R. Elliott, M.D., Chairman.

**Exostoses of Humerus.**—Dr. Homer Gibney presented two cases of exostosis of the upper third of the humerus, with X-ray plates. One case, a boy of nine years, showed the growth on the inner aspect of the bone; it had first been noticed two months ago. The second case was that of a little girl, aged eleven years, in whom the growth was on the outer aspect of the humerus, which had first been noticed only five weeks ago. In neither case were there subjective symptoms.

Dr. Samuel Lloyd said that the exostosis cases recalled a case of myositis multiplex progressiva in a boy seven years old, who had inflammation of the tendons of the pectoralis major on both sides and of the teres major and minor. The disease was unilateral. The child came to the hospital with beginning ossification of the sternocleidomastoid on each side. He was regularly treated by thyroid and the ossification disappeared in the tendons in which there had not been complete ossification, but in the pectorales and in the teres there was no improvement. He operated on the pectoralis on the right side to determine the condition and found that the myositis ran along the tendon, spread out over the tendinous interdigitations into the muscle and came down the bicipital groove spreading from the edges of this groove and along the course of the tendon so that the end of the tendon looked like the end of a finger—an absolutely bony exostosis. The tendon broke away from the groove and was dissected out. Inflammatory myositis followed the operation and ossification was expected along that line, but this did not happen. Later the same condition was removed down to the insertion of the muscles and good motion resulted in both arms. When the patient came to the hospital he had no motion except four to five degrees of abduction. He remained in good condition until a short time ago, when a similar condition started up in the thighs which was not arrested by thyroid. The interesting fact in this case was that the tendinous sheaths were involved and the ossification had spread



into the tendon itself, but did not include the actual muscular tissue.

Dr. Lloyd, before reading his paper, presented the photographs of a case he had shown last spring, of posterior dislocation of both bones at the elbow joint. The first photograph showed the result of the first operation in which the bones were simply replaced. A second operation resulted in almost complete motion. At the second operation it was found that a good deal of callus had to be chipped away.

**Internal Derangements of the Elbow Joint.**—Dr. Lloyd read this paper. He said he wished to confine himself to the question of foreign bodies—that is to say, floating cartilages, and the sporting elbow. In his paper before the Section one year ago he had dismissed the question of foreign bodies by referring to three cases operated upon by Koenig, and reported in the *Deutsche Zeitschrift für Chirurgie*. Since then he had operated upon a man aged forty-four years, who, in July last, gave the following history: February last he fell and struck on his elbow. Following this injury, the joint was tender and painful, motion somewhat restricted. In March he fell again, striking on same elbow, and since that time had not been able to use his arm. Examination showed that the left arm was atrophied and motion in elbow joint limited to about 20 degrees. Flexion was restricted, sensation normal. Flexion of arm caused pain and a crepitation was apparent. An uncontrollable muscular spasm followed very slight flexion. It was evident that some body came between the joints and prevented flexion and extension. Two lateral incisions were made, and the joint opened. The olecranon fossa was largely filled up, as though there might have been a callus formation at that point. Lying in this fossa and preventing extension of the arm, a cartilaginous body was discovered which interfered with extension. On the outer side a second body was present; on the anterior portion of the radial joint a third cartilage. These were removed and the joint closed, and the arm dressed in a flexed position was kept in plaster for one week. The patient was discharged with full motion of the joint on the eighth day.

The author said the commonest place to find foreign bodies was in the knee-joint, although they have been noticed in the ankle, wrist and other joints. Those in the knee have been more carefully studied and are usually considered as arising from the synovial membrane or periosteum. The next common place was the elbow-joint. Here they do not always cause symptoms. He cited reported cases to prove this. In the elbow joint the probabilities are that the pathological conditions are somewhat different from the similar condition in the knee and are due to the chipping off of some portion of the joint surface. In three cases that he had observed personally that seemed to be the origin of the body.

The symptoms were usually: First, a chronic synovitis; second, a limitation of motion. This limitation of motion might not be present, as the cartilage might slip out and lie in a groove at the side of the articulation so as not to interfere with motion.

The other subject he referred to in his paper he said had been spoken of under the title of "Occupation Diseases," or "The Lawn Tennis Elbow." He had seen a number of cases in which there was considerable disability and yet no actual disease of the elbow joint. They had nearly always occurred in athletic men and had been noticed more frequently as the result of hard playing of tennis or golf. In two instances the condition was due to an inflammation of the bursa between the tendon of the biceps and the anterior surface of the radius. In another case (a lawn tennis player) the

bursa between the skin and the olecranon process was involved; in another the bursa beneath the olecranon; usually the condition is ascribed to a tenosynovitis and not to bursitis; but he believed the latter is the more frequent.

In tenosynovitis we usually get the crepitation diffused along the whole tendon sheath and little or no swelling. In involvement of the bursa, crepitation is not so marked, or may be absent; swelling is present, and fulness can nearly always be felt or seen at the site of most intense pain, and in most instances fluid can be withdrawn by hypodermic needle.

He quoted from Baker a long list of bursae in the vicinity of the elbow-joint. The only treatment he had found available was absolute rest of the joint, with pressure during the acute stage and counter-irritation of the condition had become chronic.

He preferred counter-irritation with the Paquelin country. In case of suppurative changes—aspiration, or incision and drainage. He referred to a paper he had read before the Section, April 16, 1897, calling attention to the "Bicyclist's Heal" being due to an inflammation of the achillo bursa anterior instead of to a tenosynovitis of the tendon achillis.

Dr. L. A. Weigel showed a number of X-ray pictures of different pathological conditions of the elbow-joint. Other plates shown by him were as follows: Antero-posterior view of the elbow of a boy who had received an injury showing apparently fracture of the olecranon with posterior displacement of the fragments. By making a stereoscopic picture it was found that the fracture was in the condyle of the humerus. Other cases where fracture was made out only after taking X-ray pictures of elbow in different positions.

Dr. Henry Ling Taylor said Dr. Lloyd had contributed valuable information regarding pathological conditions of the elbow-joint. He thought it important that the condition of bursitis should be recognized as its prognosis and treatment is essentially different from that of joint inflammation.

Dr. C. N. Dowd said that while he was familiar with the existence of foreign bodies in the knee joint, he felt under obligations to Dr. Lloyd for calling attention to this condition in the elbow-joint. The possibility of obtaining good results as shown by Dr. Lloyd was very encouraging.

Dr. Royal Whitman asked Dr. Lloyd if in connection with foreign bodies in the knee-joint he had said that bone fragments were uncommon. Dr. Lloyd said he had not intended to make such a statement.

Dr. Whitman said he had removed a foreign body from the knee-joint which had proved to be a fragment of bone covered with cartilage. The fragment slipped about so that it was necessary to have the patient himself assist at the operation in order to find and fix the body until it could be removed.

Dr. T. Halsted Myers asked Dr. Lloyd how long he advised waiting before operating in elbow fractures where there was considerable disability. He had frequently known great improvement in function follow in children after some years without operative intervention. He wished also to know how slight a disability Dr. Lloyd would consider an indication for operation.

Dr. Lloyd replied that he never operated as long as the patient could flex and extend the arm so as to be able to work and this applied especially to children who usually improved greatly after a time if left alone.

He would not operate immediately after fracture, even if there was considerable disability. In those cases where after five to ten weeks there was not good recovery after massage and motion and where the X-ray

showed arrest of motion due to bony displacement operative procedures were indicated.

Dr. George R. Elliott asked Dr. Lloyd if in cases of chronic bursitis he resorted to radical operative procedures.

Dr. Lloyd replied that he had operated upon several such. One case was in a golf player who had a chronic bursitis and who ten years previously had a tennis elbow, at that time diagnosed as teno-synovitis. Laying open of the bursa gave complete recovery. Aspiration sometimes was sufficient and sometimes it was best to dissect out the bursal sac.

**Acute Bone Atrophy from Injuries to the Extremities.**—This paper was read by Dr. Weigel. He said this form of bone atrophy was not generally recognized. It differed from the well-known forms of bone atrophy that occur in rachitis, amputation stumps, osteomalacia, etc., in that it was essentially an eccentric one, i.e., the size and contour of the bone remained unaltered. The spongy portion of the bone became rarified by a decrease of the lamellae, while the compact layer was thinned and porous from a widening of the Haversian canals. These pathological changes were quite characteristic and could only be demonstrated in the living subject by means of the X-ray. The literature of the subject was rather scanty, as the changes in the bone, as a definite pathological process, had only recently been recognized. Kinboeck of Vienna, and Sudeck of Hamburg, were probably the first to call attention to the condition under consideration. Traumatism seemed to be the chief etiological factor, although inflammatory processes and nerve injuries might produce the characteristic bone changes. The traumatism need not be a severe one; in fact, some of the most severe changes occur after slight injuries. According to Wolff, the condition is essentially a tropho-neurosis, and cannot be attributed to disuse of the extremity.

A true atrophy from disuse was rare except after amputations and then was slow in development. The most frequent and striking symptoms were cyanosis, edema, with subjective and objective coldness of the skin. Other trophic disturbances such as "glossy skin" hypertrichosis, etc., might also be noted. The coldness of the extremity was unlike that observed in poliomyelitis and other paralytic conditions; it was more marked and might perhaps be best described as cadaveric, and extended usually over the whole extremity, irrespective of the original seat of injury. The prognosis was variable and seemed to depend upon the extent and duration of the disease. In the cases under the reader's observation the progress towards recovery was very slow, although in some of the reported cases a restitutio ad integrum with restoration of joint function took place in a comparatively short time.

With reference to treatment, Dr. Weigel said there was much to learn. Stimulating treatment would seem indicated, such as increasing the blood supply by massage, frictions, baths, galvanism, etc. Artificial venous stasis was also of much value. Active movements of the joints might be permitted, but weight bearing should be prohibited so long as it produced pain, as joint irritation promoted trophic disturbances.

In connection with the paper the following X-ray pictures were shown:

1. Amputation stump showing atrophy beginning in the central portion of the bone. The bone had a mottled appearance and the compact layer was thinned.

2. Foot showing the typical atrophy of the spongiosa of all the bones of the extremity from bone tuberculosis. It was frequently difficult to make a good X-ray plate of osteoporotic bones because of their translucency to the rays and absence of contrast between the component structures.

3. Case of osteomyelitis of the foot showing complete obliteration of the normal bone structure. In many cases the X-ray gave a better idea of the extent of the disease than an actual dissection. Dr. Weigel showed the bones of this foot (which was amputated) and demonstrated that the diseased condition was more evident in the skiagraph of the living foot than in the specimen.

4. Case of a woman, thirty-four years old, in good health, and with no tuberculous family history, who received a slight injury to the foot in January, 1901. There was slight swelling with ecchymosis over the internal cuneiform bone. An X-ray plate made in March, 1901, showed the bones of the foot to be normal, except possibly the cuneiform. In this bone there were two small well-defined shadows, supposed to be a tubercular focus. The patient was not seen again until November, 1901, when another plate was made showing extreme atrophic changes in all of the bones of the foot. Another plate made a year after the first one, demonstrated the persistence of the bone atrophy. The edema, cyanosis and coldness described in the paper were very marked in this case. Although the patient has improved under treatment the progress toward recovery was very slow.

5. Case of injury to the ankle, not clearly defined at the time of accident. Two years later the pain and disability were as great as ever. An X-ray examination demonstrated a fracture of the astragalus with considerable displacement of the fragment. Atrophic changes in other bones of the foot were well marked.

6. Case of Colles fracture with ununited fracture of the styloid. A year after the injury the pain and disability continued unabated. The skiagraph demonstrated a typical bone atrophy involving all of the bones of the wrist and hand.

7. Colles fracture. Thirteen weeks after injury the wrist and fingers remained stiff and swollen and painful. The typical atrophy of the bones of the hand were readily demonstrated.

8. Fracture of os calcis in a woman aged sixty. The usual symptoms of pain, swelling and disability continued for a number of months. Atrophy of all the structures of the foot were clearly shown in the skiagraph.

9. A case of Dupuytren's contraction that had been successfully relieved by operation. Six weeks after the operation there was an area of anesthesia around the cicatrix and a hyperesthesia of two fingers. The skin was smooth and shiny. Typical circumscribed bone atrophy was noted in this case also.

10. Case of slight injury to the foot supposed to be a sprain. At the end of eight months the pain and disability still continued. The X-ray showed a fracture of the scaphoid and secondary atrophy in other bones of the foot.

Dr. Lloyd said he considered such careful investigation of the bone changes as made by Dr. Weigel as the best kind of scientific work. He cited a case which had shown all the symptoms just described, cyanosis, coldness, joint weakness and edema, which recovered under the use of thyroid tablets.

Dr. Dowd congratulated Dr. Weigel on the presentation of pictures which showed so definitely the structures of the bone and the changes which had taken place in them owing to disease, and emphasized the importance of the contribution which he had made to our knowledge of one of the most puzzling conditions which we have to deal with. He recalled three cases of persistent pain, swelling and disability which had followed traumatism, and which he believed to be due to changes similar to those which Dr. Weigel had demonstrated. The first was in the hand of a woman



who had received a blow from a door; the hand became swollen and very painful, and the disability was so great that she carried it in a sling for several months, underwent various forms of treatment, and consulted many surgeons and physicians. The tenderness and disability finally slowly subsided. The second was a woman aged about fifty years, who received a blow on the tibia from the wheel of a wagon, and who had similar symptoms which increased for a few months and finally slowly diminished, until at the present time, nearly two years after the injury, she has nearly recovered. The third was a somewhat similar condition which occurred in the tibia of a woman aged sixty years, who injured it in falling on the stairs. A contribution to our knowledge of the pathology and treatment of these most troublesome cases was most welcome.

#### NEW YORK STATE MEDICAL ASSOCIATION, NEW YORK COUNTY BRANCH.

*Regular Monthly Meeting, held Monday, Nov. 17, 1902.*

The President, Alexander Lambert, M.D., in the Chair.

**Trachoma Forceps.**—Dr. Saril presented a new trachoma forceps. He compared it with the trachoma forceps already well known to the profession, especially the Noyes and Prince instruments, and demonstrated that it was more serviceable in many ways. The old instruments sometimes fail to obliterate the trachoma bodies entirely, or leave them suspended from the conjunctiva by shreds of tissue. Some of them had a tendency to tear the lids and so left the patient in a condition from which complete recovery with smooth conjunctivæ was rare. In effectiveness and in absence of inconveniences with simplicity of action, Dr. Saril considers that the instrument which he has devised will prove of decided advantage.

**Unscientific and Careless Prescribing.**—Dr. Harry R. Purdy read a paper on unscientific and careless prescribing and especially on the use of secret remedies. He spoke first of the many incompatible drugs whose combination is attempted in certain prescriptions. It is often forgotten by the general practitioner that cocaine and boric acid, form a chemical compound which is lacking in most of the qualities of either of the constituent drugs. These two substances are nevertheless not infrequently prescribed together. In cough medicine incompatibles are often joined. Ammonium carbonate, for instance, and syrup of squills are put into the same prescription. The result is often an evolution of gas which either blows the cork out of the bottle or sometimes bursts it into pieces. The acid and alkali in these substances are bound to form a new combination with the evolution of carbonic acid gas. Notwithstanding the frequency with which attention is called to the subject, various tinctures and other preparations containing tannic acid are combined with iron salts with the result that iron tannate, the main ingredient of ink and the one which gives it its dirty color, is formed. It is well known that potassium iodide is incompatible with many drugs, yet recently Dr. Purdy has seen a prescription in which potassium iodide was combined with hydrochloric acid. Corrosive sublimate is incompatible with nearly everything, yet there are not wanting physicians who have the hardihood to attempt rather complex combinations of drugs, supposedly containing corrosive sublimate in solution. At times not even the tablet manufacturers are above making mistakes of this kind, and some tablets contain corrosive sublimate in a form in which, owing to the presence of other drugs, it is unavailable for the therapeutic purposes intended.

**Stock Offers.**—The latest advertising scheme is to put a number of prescriptions in the shape of tablets on the market and then offer stock in the company to physicians, who in return are expected to prescribe generously from the company's preparations. When the physician refuses, because he considers the proceedings scarcely ethical, the agent is apt to say that any such nicety of feeling is very old-fashioned in our day. There are some old fashions that are better than new ones. It is a proud distinction when one is old-fashioned on the side of what is delicate in feeling and proper in professional honor.

**Tablet Giving.**—The practice adopted by some physicians of giving tablets in the office or even when making calls, instead of writing prescriptions, is an unfortunate development of modern practice. It is not only undignified, but it is displeasing to patients, rich or poor, who seldom feel satisfied and have something of the sentiment that if their illness is so much like some one else's that all that is needed is some old-time formula in the shape of tablets, then there was no need of consultation with a physician. Patients have a right impression in this matter, that somehow the indications of the case can not all be met and that their special symptoms may fail of relief for lack of the special thought needed for them. The fault, of course, is not so much in the physician himself as with the education of the physician, which at least a few years ago did not give any practical knowledge of drugs.

**Patent Medicines.**—It is a most commendable section of the code of ethics which makes it unprofessional for a physician to hold a patent or to dispense a secret nostrum, whether it be his own or another's. At the present moment, however, many physicians are engaged in a practice that approaches in some respects a violation of this section of the code of ethics. There are physicians who prescribe remedies whose contents they do not know or know but very vaguely. Sometimes there is an announcement that the remedy contains such and such material, but definite data as to its composition are not supplied. In such cases to prescribe the remedy is to do something unworthy of a professional man. The fact that physicians have taken to such methods accounts to a certain extent at least for the success of osteopaths, Christian Scientists and similar impostors in our day. The educated physician does not need the help of secret remedies, or of any secret methods. Definite scientific indications are to be met by exact drug responses and not in the hit-or-miss way that some supposed wonderful combination will accomplish results that only a charlatan could possibly claim for them. As the result of physicians foolishly permitting themselves to be induced to prescribe such secret remedies, there are an immense number of these on the market now. It is an injustice to the druggist to compel him to keep so many of this class of remedies and it constitutes one reason why, as a consequence of the reduction in profits in comparison with the amount of capital that must be invested, the druggists sometimes adopt unworthy methods of adding to their profits. Some of the evils of substitution are due to this fact. The sale and exhibition of many patent medicines are somewhat a consequence of the same state of affairs.

**Chair of Pharmacology.**—Every medical school should have a professorship of pharmacology through which students should learn with regard to the combination of drugs and know something about the practical application of the principles of pharmacy. Without this the physician is seriously handicapped, since he is utterly unable to tell whether his prescriptions have been put up properly, or whether flagrant substitution may not have been practised. Considering that drugs are to be the most important part of the physi-

cian's armamentarium through life, entirely too little attention is devoted to them and to their various combinations.

**Intoxicating Drugs.**—Dr. Purdy is of the opinion that our laws should be so arranged that the sale of intoxicating drugs shall be much less facile than it is at present. The use of many intoxicants is very seriously on the increase, and our present law is utterly unable to limit the evil. Here, as with regard to proprietary remedies, druggists have drawn a little apart from the profession and the consequence is a serious abuse that needs correction.

**Signification of Patent Medicine.**—Dr. Eliot Harris, in discussing Dr. Purdy's paper, said that a patent medicine in the true sense of the term is a perfectly proper preparation. If the medicine is a patent preparation, the specification according to which it was prepared is filed in the patent office in Washington. For five cents any one can obtain a copy of the formula, according to which it is prepared. This is not then a secret remedy in the true sense of the term and a reputable physician may use it without injury to his medical standing. The code of ethics only says that physicians shall not hold patents on remedies. This is insisted upon, because physicians owe a duty to the public and to their professional brethren, not to deprive them of any aid that lies in their power, since their life-work is not merely personal, but for the benefit of humanity. Dr. Harris said that with regard to the acceptance of advertisements for medical journals, and especially for such journals as are owned and published by medical societies it is important that the distinction should be made between such remedies as are merely proprietary, that is, sold under copyright, and such as are really patent medicines. In the latter class fall only those which can be prepared by careful following on the part of some one thoroughly able to understand them of the specifications of the patent filed at Washington. It sometimes has been known to happen that notwithstanding supposedly explicit directions for its preparation, the patent specifications did not really give the proper method of preparing a given remedy. Under such circumstances, the patent will not hold, and, of course, the remedy is to be considered as unethical.

**Medical Advertising.**—Dr. Frederick Holme Wiggin said that he has for several years been one of those who have carefully watched over the advertising allowed to appear in the directory and medical journals of the New York State Medical Association. It has not been easy to keep these publications free from objectionable advertisements. The object of the committee has been accomplished, however, and besides an example has been set and efforts have been made to raise the standard of the journal of the American Medical Association in this regard. Many well-paying advertisements have been rejected, because of the feeling that they should not appear. The consequence has been that there has been a deficit rather than a surplus in recent years as the result of the preparation of these publications. He said that, personally, far from seeing any decided objection to the giving of tablets to patients in his office, it is a frequent custom of his. Where remedies are prescribed it not infrequently happens that the physician does not want them to be renewed. Directions in this matter will not always impress patients and sometimes weeks or months after a prescription has been given, it will be found that patients are still taking some remedy that they were meant to use only for ten days, or two weeks at most. Tablets keep well, as a rule, most of the ordinary drugs can be dispensed in this way and consequently the habit of giving them. Dr. Wiggin said that, though he has been a surgeon

for 25 years, he yet believes in medicine. Not that symptoms should be treated by medicine, but that the underlying cause should be reached, and very often when medical men have been tinkering at the relief of symptoms for a long time, the surgeon finds that there is some serious pathological condition that requires a knife.

**Ready-made Compounds.**—Dr. George D. Stewart said that far from going back in the use of medicine, medical men were going almost headlong forward. Ready-made compounds have become so popular that they threaten like ready-made clothes and shoes to usurp the market. It does seem undignified, however, that the physician should have to look over the price-list of some manufacturing firm in order to see what he shall prescribe. It is, indeed, a trying moment when the physician wonders whether the No. 2 stimulant expectorant contains all that he might want to give this particular patient or not. A druggist recently confessed to Dr. Stewart that he kept 15 different kinds of aloin pills, and yet he thought that he could make a better one himself whenever it should be called for, and the fresh pills would not be so likely to pass unchanged through the intestinal tract, and, of course, do no good in their ultimate destination.

**Pharmacology.**—Medical schools are doing much better work in pharmacology than formerly. There is a course in pharmacy in all of the better medical colleges now and recent graduates can not complain that they know nothing of the practical side of compounding drugs. What is needed is not knowledge of more drugs, but better knowledge of a few drugs. With regard to incompatibility, Dr. Stewart considers that the best way to get around the difficulty is to give powerful drugs, the precipitation of which may lead to serious results by themselves. He said that undoubtedly the present sale of intoxicating drugs is a crying scandal and a serious blot upon our civilization. There seems every reason to think that at least one-half of the morphine now sold is not used legitimately. In various States statistics show how much the use of various intoxicants is increasing. Even among the negroes in the distant South, the poorest of the poor, morphine and cocaine are being used to an alarming extent. Our laws should be so constructed as to meet this evil and the committees of our medical societies should make every effort to stop the abuse. Undoubtedly physicians are sometimes responsible for the beginning of the habits. But this is not nearly so often the case as is thought.

**Tendency to Ready-made Preparations.**—Mr. Thomas J. Keenan, a practical druggist, said that there is an alarmingly growing tendency to use ready-made preparations in prescriptions. This has become especially noticeable during this last decade, when there has come a complete change in this regard. Fifteen years ago of 50 prescriptions taken at random, 48 of them contained only ordinary pharmaceutical preparations and only two ready-made remedies. In 1892, of 50 prescriptions 15 contained ready-made remedies and 35 pharmaceutical preparations. In 1895 the proportion had risen to 24 proprietary to 26 regular ingredients; in 1896 there were 30 proprietary and only 20 regular components. In 1901 there were 41 ready-made remedies written for, and only nine times did physicians make the complete prescriptions for themselves. It is well known that proprietary remedies drift eventually from the drug store to the department store and so get directly into the hands of the people where they do harm rather than good. At the present day pharmacists receive a much more scientific education than 25 years ago, yet there is no corresponding appreciation of this fact on the part of the physician. Pharmacists



are thoroughly in sympathy with the good of the profession and with a few notable exceptions are never ready to do the many unprofessional things of which they are sometimes suspected. If physicians will only give pharmacists opportunities properly to use their scientific attainments in the compounding of prescriptions, there will be no complaint. The complaints of substitution come mainly because of the many different proprietary remedies of the same kind, only bearing different names, that druggists are supposed to keep in stock.

**Proprietary Remedies and Their Place.**—Dr. James J. Walsh said that proprietary remedies of a certain kind, especially the real patent medicines, the one that is the result of a real discovery, have a place in medicine. It must not be forgotten that we owe many of our most valuable modern remedies to the investigations carried on by German chemists with the idea of discovering quinine. Practically all the valuable coal-tar series of remedies was discovered in this way. Each of these has a special value by itself and its discoverer, when not a physician, has a right to a proper reward for his investigating genius. These are true patent medicines. Germany is not the only place where they have been made and the enterprise of American inventors will undoubtedly give us many of them in this country before long. Under these circumstances, proprietary remedies should not only not be discouraged, but should be encouraged, and their ethical introduction has a proper place not only in the advertising columns, but in the reading columns of medical journals. To forget this distinction would be to do harm rather than good. It is quite another thing to object to the use of ready-made remedies, whose only recommendation is that they save the doctor doing the thinking for which he is supposed to be paid. To use prescriptions simply because they are pushed into one's notice by an enterprising advertiser is to prostitute professional dignity.

**Informal Prescribing.**—Dr. Walsh said that another serious difficulty with regard to prescribing is the giving of informal prescriptions. The doctor tells a friend casually to use nux vomica or perhaps wintergreen oil, or it may even be Fowler's solution. In three such cases serious symptoms have resulted, under Dr. Walsh's observation. An elderly man told to use nux vomica in 30-drop doses, finally used it in 50-drop doses, and being elderly, with hardened arteries, had some spasmodic trouble, and especially a difficulty of moving the muscles of the face, that quite disturbed the members of his family. A school teacher who had been told to use five to ten drops of wintergreen oil, when she had what she considered rheumatic pains in her arms, really a writing brachyalgia, finally took 100 drops of it within about six hours, and had some cyanotic symptoms and labored breathing with disturbance of her heart action. A young man told to take Fowler's solution in five-drop doses for psoriasis, was cured of one attack, and when the disease recurred and five drops did not relieve, took 12 drops three times a day for a considerable period with a resultant development of considerable gastrointestinal irritation and some arsenic neuritis. Every year in this country a few fingers and toes are amputated because, as the result of an informal direction with regard to the use of carbolic acid as an antiseptic wash a mother, or perhaps a druggist wraps a finger in a wet dressing of dilute solution of carbolic acid with a resultant gangrene.

**Ethical Drugs.**—Dr. Emil Mayer said that as a member of the advisory committee of the Journal of the New York State Medical Association, he has taken part in the discussion of ethical drugs for its adver-

tising columns. It is an extremely difficult problem. There are certain proprietary remedies that are undoubtedly ethical in the best sense of the word. It is not only with regard to drugs but also in other respects that druggists will have to be more ethical. Pharmacists sometimes make remarks about prescriptions and especially about the dosage that doctors may recommend in a way that proves seriously disturbing to patients. One such case in which 100 grains of iodide was being used three times a day might very easily have been seriously injured on such advice since syphilitic nervous lesions were developing and a large quantity of the drug was needed.

**Prescription Writing.**—Dr. Delphey said that out of 1,000 successive prescriptions at a drug store, mainly filling the prescriptions of thoroughly educated and up-to-date physicians, nearly 200 of them contained secret preparations. The methods of advertising these remedies and the way in which they are forced upon the doctor's attention remind one too much of the methods of the ordinary patent medicine man ever to obtain favor with physicians. Some of the preparations that are forced upon the attention of the profession are mere mixtures, the manufacturers are not makers of chemicals, but buyers, and it is price they look to in buying and not to the quality.

**Insoluble Tablets and Pills.**—Dr. Purdy said that many of the pills and tablets so freely prescribed and distributed to patients by physicians are thoroughly indigestible. They pass through the gastrointestinal tract absolutely unchanged and might well be recovered from the stools. Patients do not care for tablets and pills given in this way, but they like to feel that they have a prescription written just for them and not merely selected from a group of prescriptions, one of which, it is to be hoped, will suit their case. Such pills as quinine pills and creosote pills are particularly apt to be indigestible and it is sure that patients having taken them once will subsequently look for them without the necessity of a visit to the doctor in order to obtain them.

**Significance of Venous Hum.**—Dr. C. N. B. Camac described a series of cases in which the venous hum had been studied in the Cornell Medical College dispensary. Some 22 cases had been carefully studied. In some the venous hum occurred with no disturbance of the hemoglobin value of the blood. In other cases it was found that when the venous hum was present even though there was marked pallor there was no lack of hemoglobin, on the other hand in some cases of clinical anemia with the venous hum there were no blood changes. This occurrence of the cervical bruit with normal blood is especially interesting. Dr. Camac's paper will appear in a subsequent issue of the *MEDICAL NEWS*.

## CHICAGO SURGICAL SOCIETY.

November 3, 1902.

A. J. Ochsner, M.D., in the Chair.

**Case of Recto-Vesical Anastomosis for Exstrophy of the Bladder.**—Dr. E. J. Senn exhibited the patient two years ago before the Chicago Medical Society, at which time discussion arose as to the prognosis. He showed the patient now for the purpose of demonstrating the possibility of performing vesico-rectal anastomosis successfully, and without causing infection of the kidneys. Two years ago he made an anastomosis between the bladder wall and the rectum. Examination of the urine before the operation showed considerable albumin and granular casts; at present, the urine shows no albumin, but a few granular casts; specific gravity 1.015, slightly alkaline reaction. He modified

somewhat the procedure described by Dr. Jacob Frank, in that he made the ahasstomosis similar to the manner in which one would make a colostomy.

Dr. L. L. McArthur said that he presented a case some years ago before the Chicago Medical Society similar to the one described by the essayist. The bladder was covered in by flaps from the abdominal wall. The median flap contained hair follicles, and in this particular case the hair grew and a phosphatic deposit occurred upon it and caused trouble.

Dr. Jacob Frank said that when the fistula now existing was closed, there would not be any trouble from the escape of feces, because he had found in experimenting on dogs that if he took the healthy bladder of the animal and anastomosed it with the rectum, while there was at first a severe vesical inflammation, when the animal recovered from the operation the bladder contracted, and the vesical mucous membrane took on the characteristics of the mucous membrane of the rectum, showing that the bladder could accustom itself to a foreign substance, and also to more or less infection.

Dr. Daniel N. Eisendrath asked how long the patient could hold the urine, and what effect it had upon the bowel movement, particularly where there was such a large quantity of fluid in the rectum constantly?

Dr. Senn replied that the urine did not pass into the rectum at the present time, owing to the defect. During the three or four days when the defect was closed, the bowels moved two or three times a day. He recalled a case in which the late Professor Fenger did a Maydl operation, where the patient had two bowel movements a day.

Dr. A. E. Halstead said that if he had another case of exstrophy of the bladder to operate on he would resort to the same method that he employed in the first one, namely, doing a vesicosigmoidal anastomosis with the button. He would use the Murphy button in preference to the Frank coupler. His reason for using the Murphy button in preference to the Frank coupler was that the former could be used to great advantage in shortening the time of operation; one could separate the two halves of the button, but this could not be done with the coupler.

**Renal Cystine Calculus, with Right Nephrolithotomy, Right Nephrectomy, Followed later with Anuria, Requiring a Left Nephrostomy; Recovery.**—Dr. L. L. McArthur exhibited a woman, aged thirty-seven, married, mother of two children, had been in poor health, but had no serious illness. Her mother died of liver and kidney trouble. Brother and sisters well. Very poorly for three years, complaining during that time of periodical vomiting with right lumbar pain lasting generally three days and occurring chiefly at the monthly epoch. The latter regular, usually of four days' duration. For years had suffered with constipation. Present attack began Jan. 29 with same pain, vomiting, constipation, never jaundiced, fever as high as 101°. Quite recently a tumor was discovered by Dr. Waller in the right lumbar region, which examination revealed to be an undoubted renal tumor. Diagnosis: Stone in kidney, with pyelitis. Advised X-ray picture, urinary segregation and probably nephrolithotomy. June 2, skiagraphs showed two stones in right kidney. Left kidney negative.

The writer had selected this subject more to show what he had learned in his search of the literature than to exhibit a successful surgical interference. The majority of surgeons had looked upon cystine and cystinuria as chemical and medical curiosities, without special significance.

Probably the most striking fact in connection with cystinuria was its marked hereditary tendency. Gold-

ing-Bird reports having seen the trouble in three generations of the same family, and Cohn, in a family of twelve people reports seven, the mother and six children, as having the disease. Simon, of Johns Hopkins, has, more than any other, brought to systematic notice the entire literature of this disease.

When Bauman and Udransky discovered the presence of cadaverine and putrescine in cases of cystinuria, it seemed to offer an explanation of the cystine production as the result of putrefactive processes somewhere in the alimentary tract, and the presence of the same, in the feces of the patient, apparently confirmed this idea. But while these diamines have been found during cystinuria, they have never been found associated with any other condition, and only five or six well-authenticated cases out of the 112 are known. Moerner has obtained cystine abundantly by the digestion of horn with hydrochloric acid and Embden has prepared it from egg albumen by hydration. Dr. McArthur believes, therefore, that since it can be demonstrated to be produced under these several conditions, we may find cystinuria due, at one time, to poor metabolism; at another, to chemical poisoning, and at another, as the by-product of bacterial putrefactive processes.

He presented the woman upon whom he had operated, for the purpose of showing the lateral curvilinear incisions following along the margin of the twelfth rib, in the particularly thick wall of the patient, to demonstrate that there is no hernia present in the case illustrating this paper.

A skiagraph was obtained, showing what appeared as a calculus in the pelvis of the kidney; another one in the ureter of the right kidney, but nothing was seen in that of the left kidney. These stones having been demonstrated to have been present, the patient was admitted to St. Luke's Hospital on June 8, 1901, and left the hospital July 13, five weeks later, having had performed a nephrolithotomy of that side. On opening the kidney, innumerable small calculi, a few of hazelnut size, and others of the size of very fine millet seeds, with a good deal of white, creamy material, came away, and the stone, which the skiagraph had shown in the urethral orifice, was removed. On the 13th of June, the wound was reported as healing by first intention, except at the part where the drainage tube rested. On July 8, the patient was able to leave the hospital. A small drainage tube was still in the side, with a small amount of urine escaping, the urine at that time being normal, it being purulent at the time of patient's admission to the hospital.

In October, the wound not having healed, she returned as the Doctor had suggested. Very little urine was escaping from this fistula, and nothing came down through the ureter. X-ray negative at this time. On opening the kidney, he found another stone had formed and was blocking the ureteral orifice. Rather clear urine was in the pelvis of the kidney, the tube was not in the pelvis of the kidney. Finding another stone, he decided to give her another chance to save the kidney, which resulted in the return of the patient in February, 1902, for the final nephrectomy. This was done on Feb. 5, followed by as normal a convalescence as could be desired up to about midnight of the twelfth day. At two o'clock that night she was suddenly seized with vomiting and an intense pain of a renal colic character upon the left side, followed by a gradual suppression of urine, the kidney having been functioning normally for ten days after the right nephrectomy. The urine came down in about 20 or 30 drops in two hours, as determined by the catheter. She was vomiting, and became so depressed he decided it was necessary to make a nephrectomy on that side. Upon opening the kidney he found a dis-



tended pelvis. Under tension, the kidney was somewhat enlarged, very hard and firm. As soon as the finger was carried through the cortex, urine gushed out under great pressure, containing nothing but a few crystals of cystine. No stone was to be felt, nor was there any stone passed from that side. But 36 hours afterwards there began to come down through that ureter a perfect shower of cystine crystals, which he is convinced was the cause of the occlusion of that ureter.

Dr. Arthur Dean Bevan spoke of the relationship between the existence of one working kidney in an individual and the occurrence of complete anuria. When anuria developed, it did so in a patient who had but one working kidney. It was certainly rare to have obstruction of the two ureters occur simultaneously. In this particular case one kidney had been removed, and therefore there was but one working kidney, and obstruction of the ureter of that kidney would develop the symptoms described. He thought if surgeons were to keep track of the function of the two kidneys in cases of kidney colic, they would find that temporary anuria of one kidney was the rule.

Dr. McArthur, in closing the discussion, urged the Fellows, if they encountered such manifestations in the urine as he had in his case, not to pass them by as mere chemical curios, but to pay attention to them, or be on the lookout for them.

**Dislocation of the Individual Carpal Bones, with Report of a Case of Luxation of the Scaphoid and Semilunar.**—Dr. Wm. Hessert read a paper on the above subject, introducing this patient. Man, twenty-five years old, painter by occupation. On June 12, 1902, while at work on a scaffolding, lost his balance and fell a distance of four stories, his fall being interrupted by several obstructions before he finally struck the ground. He was taken in an unconscious condition to the hospital, where it was found that, except as to his right arm, he was practically uninjured. The injury of the arm was diagnosed as fracture of the lower end of the radius, and the member was put up in splints.

On examination, the fingers were found to be held somewhat flexed; he could not pick up any object, neither could he make flexion nor extension of the fingers. On passive motion, the fingers could be extended and fairly flexed, but the movements were painful. Pronation and supination were free, both active and passive. Active and passive motion at the wrist was very much restricted. There was a bluish scar at the middle of flexure of wrist about two centimeters in extent.

The X-ray revealed the nature of the trouble, and clearly showed that the author had to do with the displacement of two bones, the scaphoid and semilunar, to a place far distant from their original location.

Replacement of the bones by manipulation was out of the question. A longitudinal incision, two and a half inches long, midway between the tendon of palmaris longus and flexor carpi ulnaris, was made. After dividing the fascia, the tendons of the flexor sublimis digitorum and the flexor profundus digitorum were drawn to the radial side by a blunt hook. Flexor carpi ulnaris, together with ulnar artery and nerve, were retracted in the opposite direction. The bones were easily accessible, lying on the pronator quadratus.

The patient was exhibited, and the subsequent history of the case given, showing that the essayist had obtained an excellent result.

The author went extensively into the literature of the subject, quoting the number of cases of 49 authorities.

Dr. Arthur Dean Bevan had seen several cases diagnosed as partial dislocations of the os magnum,

but never observed a forward dislocation of any of the bones of the carpus. He had made 50 or more Colles' fractures on the cadaver, and then made dissections of the injury done after the fracture was produced. In the 50 or more cases of Colles' fracture which he had produced experimentally, he had never seen a single dislocation of any of the bones of the carpus, either a dislocation of the wrist, that is, between the radius and ulna and the first row, or between the two rows, or between the second row and the metacarpal bones.

Dr. Hessert, in closing the discussion, expressed the belief that dislocation of the carpal bones was of more frequent occurrence than was formerly supposed. With the advent and use of the X-ray, he thought more of them would be detected in the future, although this dislocation might be considered a comparatively rare one.

**Inflammation and Perforation of Meckel's Diverticulum as a Cause of Septic Peritonitis, with a Report of Two Cases of Typhoid Perforation of Meckel's Diverticulum.**—Dr. A. E. Halstead read a paper on this theme, in which he said that persistent omphalo-mesenteric remains may produce symptoms in a number of ways, depending upon their degree of completeness. Of the pathological conditions arising from these remains, the most important are: (1) Intestinal obstruction, either acute or chronic; (2) a free diverticulum; (3) the intestine above an attached, patent diverticulum may become invaginated into the diverticulum, or its mucous membrane may become prolapsed, forming a tumor at the umbilicus. (4) When, as in the most complete form of this defect, the diverticulum forms a tube opening freely at the umbilicus, we have a fecal umbilical fistula. (5) Cysts of diverticular origin are at times formed in the abdominal wall, in the vicinity of the umbilicus. (6) In addition to these cystic tumors, solid adenoid growths are occasionally found about the umbilicus which are no doubt related in their origin to remains of the Vitelline duct. These have been termed by Lannelouge, diverticular adenoid tumors. (7) A Meckel's diverticulum may become the seat of an acute or chronic inflammation. Acute inflammation may lead to perforation, with local or general septic peritonitis.

In the paper, cysts of diverticular origin and acute and chronic inflammations of this structure were considered. After going extensively into the literature of the subject, the author stated that inflammation of Meckel's diverticulum may result (1) from participation of the mucosa in a general inflammatory process involving the mucous membrane of the intestine; (2) from local causes, as obstruction of the lumen from twisting or kinking of the neck, or from foreign bodies and fecal concretions which may lodge in this pouch.

In reviewing the histories of the reported cases of inflammation of Meckel's diverticulum, the author finds that in none was the cause of the symptoms recognized before the abdomen was opened. In the cases operated upon, the diagnosis of appendicitis or of intestinal obstruction was made. At the present time no symptom or group of symptoms are sufficiently characteristic to permit of a diagnosis of diverticulitis. In the majority of cases the disease runs a course closely simulating appendicitis. In many the diverticulum occupies a position in the right iliac region, close to the appendix. The onset is usually sudden, with vomiting, muscular rigidity and pain, as in appendicitis. In a few cases the symptoms have been those of recurring appendicitis, with the interval between the attacks free from any evidence of disease. In those cases when the diverticulum is attached to the umbilicus, periumbilical pain and tenderness are evidence of the disease being

located in a Meckel's diverticulum. The presence of an umbilical fistula, tumor, or cyst is presumptive evidence of other omphalo-mesenteric remains which may be the source of infection in circumscribed or diffuse peritonitis.

Dr. Arthur Dean Bevan said he had seen some cases in which the remains of the Vitelline duct persisted, and gave evidence of trouble. He recalled two cases of obstruction of the bowel produced by the remains of the Vitelline duct, but he had never had a case of diverticulitis in his own surgical work, unless he had one at the present time. A woman was admitted to the hospital with a suppurating fistula at the umbilicus. A large, pancake-shaped abscess, about six inches in diameter, was found, on opening the abdomen, into which the fistula ran. The abscess was situated between the parietal wall and omentum. It was filled with pus, and in the pus was a fragment of wood that was about a third of the size of an ordinary toothpick, which was macerated. From the location of the condition and from the foreign body found, it was undoubtedly a case of perforation of the remains of the Vitelline duct from the wood which eventually perforated at the umbilicus.

Dr. Halstead, in closing the discussion, said that he encountered a case of intestinal obstruction from a diverticulum, and then shortly afterwards, probably within a month, he had a case of typhoid perforation of a diverticulum, and after seeing another specimen in the hands of Dr. William E. Schroeder, he thought the subject was well worthy of the consideration of the Society.

### BOOK REVIEWS.

**A TEXT-BOOK OF SURGICAL PRINCIPLES AND SURGICAL DISEASES OF THE FACE, MOUTH AND JAWS FOR DENTAL STUDENTS.** By H. H. GRANT, M.D. W. B. Saunders & Company, Philadelphia. 1902.

THIS book aims to place before the dental student a full review of the subject of ordinary surgical affections of the jaws. By means of very numerous plates and well-arranged subject-matter this aim of the book is well realized. There are, however, some shortcomings, the most significant of which is that of prophylaxis in the infectious diseases, consisting of the full sterilization of dental instruments. It is probably true that the dentist is very much less careful in this detail than the practitioner of medicine, and no one can doubt but that infectious diseases, notably syphilis, may be acquired in the dental chair through no reason other than that the operator does not sterilize his instruments or his hands in passing from one patient to another. However, as a brief review of a very wide field this book deserves recognition as being of first-class order. The feature that is convenient for the student is that each chapter closes with a systematic and valuable summary of the subject or subjects of the chapter.

**GENITO-URINARY AND VENEREAL DISEASES. A Manual for Students and Practitioners.** By LOUIS E. SCHMIDT, M.D. Medical Epitome Series. Edited by V. C. Pedersen, M.D. Lea Brothers & Company, Philadelphia and New York.

THE Question Compend of former years has seen its day come and pass. It filled a small sphere of usefulness, notwithstanding its limitations and shortcomings. The need, however, of small, first-class books, free from the useless discussions and stating all the established facts in medicine, is indisputable. In publishing the

volumes of the Medical Epitome Series, they have endeavored to have each cover, with commendable accuracy, just these requirements. In bringing before the general public the volume of Genito-Urinary and Venereal Diseases of the Medical Epitome Series, the following merits will be accepted as present in the volume. It is of convenient size, approximately 250 pages in length, within whose limits are contained all of the essential facts concerning the well-known venereal and genito-urinary diseases and their direct and remote complications. The venereal diseases, syphilis and chancroid, occupy the first portion of the book separately described by themselves, while all the other diseases are treated under the heading of Genito-Urinary Affections. In this part a feature is the description of the general complications of all urinary diseases, whether directly or remotely associated with syphilis, chancroid or gonorrhea. Urinary diagnosis has been made especially clear, for the reason that of all the single features in the genito-urinary tract, the element of diagnosis is the most important and the real foundation of all success.

### BOOKS RECEIVED.

*The MEDICAL NEWS acknowledges the receipt of the following new publications. Reviews of those possessing special interest for the readers of the MEDICAL NEWS will shortly appear.*

**TRANSACTIONS STATE MEDICAL ASSOCIATION OF TEXAS, 1902.**

**MANUAL OF GYNECOLOGY.** By Dr. H. T. Byford. Third edition. 8vo, 598 pages. Illustrated. P. Blakiston's Son & Co., Philadelphia.

**DIE LAUNE. Eine Aerztlich-psychologische Studie.** By Dr. E. Jentsch. 8vo, 60 pp. J. F. Bergmann, Wiesbaden. G. E. Stechert, N. Y.

**DIRECTIONS FOR LABORATORY WORK IN PHYSIOLOGICAL CHEMISTRY.** By H. C. Jackson, Ph.D. 8vo, 62 pages. John Wiley & Sons, New York.

**GENITO-URINARY AND VENEREAL DISEASES.** By Dr. L. E. Schmidt. 12mo, 249 pages. Illustrated. Lea Brothers & Co., New York and Philadelphia.

**THE PRACTICAL MEDICINE SERIES OF YEAR BOOKS Vol. I. Oct. 1902. GENERAL MEDICINE.** Edited by Drs. Frank Billings and J. H. Salisbury. The Year Book Publishers, Chicago.

**DIE FREIHEIT DES WILLENS VOM STANDPUNKTE DER PSYCHOPATHOLOGIE.** By Dr. A. Hoche. 8vo, 40 pp. J. F. Bergmann, Wiesbaden. G. E. Stechert, N. Y.

**ATLAS AND EPITOME OF ABDOMINAL HERNIAS.** By Dr. G. Sultan. Edited by Dr. W. B. Coley. 8vo, 277 pages. W. B. Saunders & Co., Philadelphia and London.

**A MANUAL OF MEDICAL TREATMENT ON CLINICAL THERAPEUTICS.** By Dr. I. Burney Yeo. 2 vols. demi 8vo, 696-818 pages. W. T. Keener and Company, Chicago.

**A TEXT-BOOK OF PATHOLOGY AND PATHOLOGICAL ANATOMY.** By Dr. Hans Schmaus. 8vo, 602 pages. Illustrated. Lea Brothers & Co., Philadelphia and New York.

**THE PRACTICE OF SURGERY.** By Drs. Henry R. Wharton and B. Farquhar Curtis. Third Edition. 8vo, 1241 pages. Illustrated. J. B. Lippincott Company, Philadelphia and London.